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THE AMERICAN JOURNAL OF NURSING

OFFICIAL ORGAN OF

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING
SCHOOLS FOR NURSES; THE NURSES' ASSOCIATED ALUMNÆ
OF THE UNITED STATES; THE INTERNATIONAL COUNCIL
OF NURSES; THE HOSPITAL ECONOMICS ASSOCI-
ATION; THE NEW YORK STATE NURSES' ASSOCI-
ATION; THE PENNSYLVANIA STATE NURSES'
ASSOCIATION; THE GRADUATE NURSES'
ASSOCIATION OF CONNECTICUT

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VOLUME VI

PHILADELPHIA

J. B. LIPPINCOTT COMPANY

1906

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THE AMERICAN JOURNAL OF NURSING

VOL. VI

OCTOBER, 1905

NO. I

EDITORIAL COMMENT



THE PRICE OF IGNORANCE

THE summer which has just closed seems to have shown an increase in all of those forms of illness which are commonly called filth diseases, which come from a lack of proper sanitary precautions where people are crowded together during the heated term.

If one is to judge from the prevailing newspaper reports, the epidemic of yellow fever in New Orleans has been most alarming; yellow fever and bubonic plague have been reported as threatening in the Panama Zone, while Russia and Germany have suffered from an unusual outbreak of cholera, and typhoid, meningitis, and all the more common forms of contagious diseases have been prevalent in many parts of our own country.

It seems strange that with the cause and prevention of such diseases so well understood by the two great professions of medicine and nursing that the public at large should remain in such total ignorance in these matters. It is perhaps hardly to be wondered at that the illiterate and dull among the masses remain in an unenlightened state, but that intelligent people, such as city officials are supposed to be, should permit conditions to exist which are conducive to these epidemics remains an ever-increasing mystery.

From an economic standpoint the cost of prevention, leaving out the entire question of suffering and death, would be infinitely less to the local government than the expense which must be entailed in suppressing and controlling any one of these epidemics.

We are of the opinion that the two professions of medicine and nursing are in a measure responsible for the ignorance of the people at large in regard to these questions, that knowledge through schools and

the public press should be more widely disseminated by them, and that no individual of either of these professions is exempt from obligations along these lines.

Every question concerning the public health, no matter how small the town or how large the city, is one in which the local doctor and the local nurse should be interested and active, and neither is carrying out the obligations of his or her separate profession, which calls for service which is first and always for the benefit of others, who remains passive and consents to reap the financial benefit of such public ignorance without having made every effort possible for the enlightenment of the people of the community in which they live.

Such preventive measures as are practised and such knowledge as has been disseminated has come, in every part of the world, from that small group of medical men who have always been true philanthropists and educators, the rank and file in the medical profession remaining passive, while the great nursing body, with the exception of a few individual exceptions, seem to be serenely unconscious of any obligation; but as specialists and co-workers with the medical profession we have no right to shirk these responsibilities longer.

This line of work is legitimately within the province of every nursing organization, and these organizations should make themselves felt in such matters as clean streets, sufficient water supply, proper flushing of sewers, cleanliness of public conveyances, school nursing, etc. If nurses are going to claim the right to call themselves members of a profession, they must begin to assume the responsibilities that such a profession entails.

We need a tremendous awakening all along these lines in regard to our responsibilities in the question of public health.

We are indebted to Miss Florence F. Quaife, of the Truro Infirmary, New Orleans, for the article published in this issue on yellow fever. As the introductory note explains, this paper was written by Dr. Rudolph Matas, was submitted to the medical society of New Orleans for its endorsement, and was ordered published and circulated for the benefit of nurses, physicians, and others who were engaged in the work of caring for yellow-fever patients.

This information is absolutely authentic, and nurses everywhere should familiarize themselves with the simple, practical facts which it contains.

Miss Quaife promises to send to the JOURNAL further information in regard to the epidemic of yellow fever in New Orleans and the nursing of these cases, and our pages are open to nurses everywhere who have had the actual practical experience of these summer epidemics.

In these days of rapid transportation, with hundreds of people every day moving from one section of the country to the other, no nurse can be sure that she will not be called upon at any hour to nurse one of those diseases which are considered peculiar to the tropical regions, and to those who are already enrolled on the Army Reserve List such knowledge is absolutely necessary. Imagine the humiliation of a nurse from the North who, being ordered into the yellow-fever district, finds herself totally ignorant of the simple precautions necessary for the prevention of the spread of the disease.

THE VOLUNTEER ELIGIBLE LIST.

Speaking of the Army Reserve List takes us again to the subject of the enrolment which is going on slowly in the Nurse Corps department in Washington. The names found there are few in number, but among them are some of our best-known women, heading the list being the name of Miss Isabel McIsaac, who, after twenty years of the most arduous and confining work in the nursing profession, stands ready to leave her little home, so lately acquired, with its privacy and independence, to serve her country in time of calamity or epidemic at an hour's call.

We are inclined to think, however, that the ranks of the volunteer eligible list should be filled by the younger women, just as the ranks of the army are filled by young men. That young men make more enduring soldiers is a recognized fact all over the world, and that they also come more readily under the rigid discipline which is necessary in handling great numbers of people is also recognized.

This applies, we believe, with equal force to nurses in the army; there must be enough of the older women of experience to organize and control, but the great body of the Nurse Corps should be made up of the younger women who have not exhausted their endurance by long years of arduous work, and who have not been so long from under the discipline of hospital training that the necessary military restraint will come as a great hardship.

We cannot believe that it is lack of patriotism that makes American nurses so backward in making this volunteer list a credit to our profession. We know that if the need were to arise, thousands of nurses would be clamoring for an opportunity to serve.

We want to know why nurses are so slow about it, what there is that they do not understand, or why it is that, being good American citizens, possessing both the skill and the strength, they hesitate to place their names on the honor list, which is what this voluntary service will mean.

To submit to discipline, endure hardship, and risk one's life if need be is what the Government is asking of the great nursing body, and this

is simply what a nurse's life stands for, but so far only forty-three women have signified their willingness to stand ready to serve their country in time of calamity or war.

THE REGULAR SERVICE.

During our recent visit to San Francisco we spent an afternoon at the United States General Hospital at the Presidio, where all nurses entering the service are sent for their first detail, and where those going to and coming from service in the Philippines make their headquarters.

Our visit was unannounced, but we were given an opportunity by Miss Gottschalk, the nurse in charge, to meet every nurse at the station, and we were impressed with the dignity and intelligence of this group of women.

The hospital is very large. We do not remember the number of beds, but it consists of a great many pavilions built around a square with a most beautiful operating-pavilion recently finished and equipped. The hospital, as a whole, seemed to be most liberally supplied with every necessary appliance for the most efficient care of the sick. The patients were carefully classified and that order and discipline so characteristic of the army service in time of peace was very apparent.

Of the new operating-pavilion we can only say, from a hasty visit, that we have never seen an equipment in any civil or private hospital that compares with it.

The nurses detailed to this service perform practically the same duties as in civil hospitals, preparing all dressings, catgut, solutions, etc., and caring for the pavilion and adjoining rooms.

The nurses' quarters were comfortable, the dining-room somewhat crowded, but we have known that condition to prevail in many civil hospitals. From what we were able to learn in so hasty a visit, an examination of charts and questions as to methods, etc., the work of this hospital seems to be carried on upon the most scientific lines.

In fact, in just the proportion that the Government manages its hospitals badly in time of war, it would seem to be managing them exceptionally well in time of peace.

The point which we wish to emphasize in connection with our very short visit at the Presidio is this: that we can see no reason why well-trained, properly disciplined nurses should enter the army service and do so much grumbling as we have personally known many of them to do. We are inclined to think that it is more rebellion against the rigid military discipline, which must be maintained for the women in the army as well as for the men, rather than from any real cause of complaint so far as their personal comfort is concerned.

Much has been accomplished in a very few years in the way of improvement in the army service. Promotion with rank, which will give the nurse social status in the army, is what the service needs and what must be brought about. When that has been secured the army department will become, as it properly should, the most distinguished branch of nursing that a woman can enter. What we need at present is calm, deliberate, common-sense criticism from the nurses in the service, made in such a manner that the great nursing body can understand the needs and intelligently coöperate in securing such legislation as will give rank and such other improvements as the service should have to give greater dignity to the nursing department of the army as a whole.

Let us have a calm, reasonable discussion of the eligible volunteer list and the regular army service that nurses generally may have a better understanding of both departments.

SOME THINGS ABOUT THE SUMMER JOURNEY

WE returned to the JOURNAL desk on September 6 after two months of constant and very delightful travel across the country to Portland by the Northern Pacific route, with a side trip to Yellowstone Park, down the coast, stopping in California at San Francisco, Santa Barbara, Los Angeles, and Pasadena, then on the return trip a short stop at Tacoma, a few days in Seattle, North Yakima, and Spokane in Washington, another stop in Minneapolis and St. Paul, ending with a few days with Miss McIsaac at "Cranford." Although the trip was for pleasure, we visited a number of hospitals along the way and were entertained by nurses at most of the places where we stopped. We come back with our knowledge of hospitals and nursing standards greatly broadened, our patriotism increased,—if that were possible,—and our pride in the nursing profession wonderfully stimulated—if that also were possible.

The great expanse of unoccupied country between the Atlantic and Pacific impressed us quite as forcibly as it did when we made the trip more than a quarter of a century ago, but the progress that men have made in mastering the obstacles and in developing the resources of the West was a constant surprise and a never-failing interest. The development of the Northwest especially has been very graphically written up in the *World's Work* for August, with a series of illustrations that make an excellent souvenir of the summer's journey for those who have been over the ground.

The Yellowstone Park has been too frequently described to need more than passing mention—more than to say that one must see it to

appreciate its charm. It is the almost supernatural action of geysers, paint-pots, hot pools, and cold streams that make it so interesting seen under comfortable conditions of travel and with the added charm of staging through the beautiful mountain scenery of the Rockies.

One feature of the Park we think has not been sufficiently emphasized, however, and that is the lake, the highest body of water of its size in the country, in altitude a "mile and a half above Boston," as we were informed by the captain of the steamer that carries passengers across from the "Thumb" to the Lake Hotel. Perhaps because no scenery is ever perfect to us without water the view of this beautiful lake as we came over the crest of the last hill seemed the crowning beauty of the Park. Snow-capped mountains on the one side and forests of dark, silent pines on the other give a peculiar beauty to this sheet of water, and at no point are the mountains seen to such an advantage as from the little steamer when midway across the lake.

It is an interesting instance of the difficulties that have been overcome to make the Yellowstone trip attractive to know that the small steamer that has been on the lake for a number of years was brought across from Gardiner in sections, more than fifty miles, during the early days of the development of the Yellowstone, and that the new boat, which was launched on September 16, an invitation to which ceremony we received, was built on the shore of the lake, all material and machinery having to be carted on six-horse teams over the mountain roads of the Park. When one considers that this boat carries six hundred people, and in furnishing and equipment meets all the requirements of excursion boats of the highest class, it is hardly possible to realize the enterprise that has been necessary for its construction. It is the work of a private company, not the Government. No one should visit the Yellowstone without taking the little trip on the lake. It is not included in the regular ticket, but it is well worth the extra charge, and one evades a long stretch of dusty, level road by doing so. Nurses need diversion when they rest, and no better way of being entertained can be found than by taking this most interesting trip through the Yellowstone Park.

Even nurses can be interested in "irrigation," and during our trip we were able to study the system by which the sage-brush desert is made to produce apples that weigh a pound, fruits and vegetables of every kind, and three crops of alfalfa and hay in a season. So easy did it all seem to make things grow that we are tempted to recommend to nurses fruit-growing by irrigation as a refuge when professional interest and strength begin to fail. It is said to be very much easier than farming in

the East, although it would seem to require, owing to the use of many labor-saving devices, a higher order of intelligence.

It is marvellous to think that only water is needed to make the desert blossom as a rose and that each year the ingenuity of man is bringing water farther and farther from its source for this purpose.

THE HOSPITAL SYSTEM OF THE COAST.

In all of the cities visited we found hospitals, some magnificent in construction and equipment,—hotels really for the sick,—owned by companies of physicians who are the stockholders and directors as well as physicians in attendance, and who conduct training-schools and reap large profits from the investment—from ten to sixty-five per cent. we were told. Such hospitals are said to be a necessity, especially in California, where so many people in doubtful health flock to avoid the severe climate of other sections of the country. They are intended only for the class of people who are able to pay and who are accustomed to hotel prices and hotel “extras.”

But we found that the so-called general hospitals and church hospitals cared only for people who could pay or be paid for, endowed beds being very few even in the church hospitals, and we were told that the poor who applied for admission were sent to the county hospital—that there were no worthy poor on the Pacific Coast, that the man who had no money was either lazy or vicious, as work was so plenty in a new country that no man need be without means when overtaken by sickness. We also were impressed with the fact that few people seemed to know much about the county hospitals. We had the curiosity to visit the County Hospital in San Francisco—a place with a bad reputation in 1880 and that would seem to have progressed backward even with the introduction of a training-school. We do not intend to describe this hospital more than to say that it is under the control of the political machine, the members of which, it would seem to us, must be lacking in the common milk of human kindness—a man-governed institution for graft. Many good superintendents of nurses have attempted to reform this place, but as soon as suggestions requiring honest administration have been insisted upon a vacancy has occurred. There is an awakening among the citizens of San Francisco, however, that promises better conditions for the aged and sick who must seek refuge in this place.

The County Hospital in Los Angeles we did not visit, but we were told it was “not as bad as the one in San Francisco,” and in Portland the County Hospital was spoken of as a place way off somewhere that no one knew about.

How the prosperous city of Seattle provides for its pauper sick is

shown in Miss Major's little sketch in this issue. Miss Major has brought a woman's domestic instinct to bear upon a very crude and novel situation, and the result is a homelike, clean, and comfortable little hospital made out of an old boat. We inspected every nook and corner of it, and never have we seen a better illustration of the fact that *buildings* are not the most important requisite for the care of the sick. The right kind of a woman with power must always come first.

We were interested to visit the County Hospital of Seattle, and here we found an exceptionally comfortable institution—a good building, charmingly situated, with an atmosphere of cleanliness and sunshine everywhere, tents at one side for tubercular cases, and a vegetable garden with fruits and flowers in abundance. We were told that the excellent condition of this hospital was entirely due to the character of the man at the head and the matron, who were sincerely conscientious in the work they had undertaken, and that in spite of politics the place was well conducted. We were most courteously received and urged to inspect every part of the institution. There is no training-school here, but the nurses were attractive-looking women and, so far as one could judge from so superficial an inspection, were taking excellent care of the patients. Everything was sweet and clean, quite in contrast to the County Hospital at San Francisco.

Seattle has just built a magnificent club-house, and the decorations of the "*bar*" in the new Alaska building—a big business block—are the pride of the city. The spirit of charity as we associate it with the care of the sick is seemingly lacking among the people on the Pacific Coast. The pioneer days are passing, however, and the charitable spirit will naturally follow the commercial age which every new settlement seems to have to pass through.

We believe the awakening is to come largely through the nurses, but we must wait for space in another issue in order to discuss the training-schools and nurses of the Pacific Coast.

STATE MATTERS

WE call the attention of our readers to several important State announcements in the Official Department. New York and Ohio hold regular meetings in October. The Maryland Board of Nurse Examiners make an appeal to nurses to be more active in the matter of registration. Work in the New York office has been delayed during the summer by the absence of the president and secretary of the Board of Examiners, but is now resumed and will be carried on regularly. The terms of the

waiver expire in April, 1906, after which date no certificates will be issued without an examination.

MEETING OF THE NEW YORK STATE NURSES' ASSOCIATION.

The regular meeting of the New York State Nurses' Association will be held at Niagara Falls on Tuesday, October 17, at ten A.M. and two P.M. Delegates will register at nine A.M. The Mayor of Niagara Falls will deliver the address of welcome and several very interesting speakers are expected.

On Wednesday, the 18th, an open meeting will be held for the purpose of discussing the Registration Act. Representatives of hospitals and nurses who are not members of the association are cordially invited. The meetings will be held in the auditorium of the Natural Food Conservatory.

The local committee recommends the following hotels: Temperance House Annex, two dollars per day; Hotel Imperial, two dollars and fifty cents per day; Hotel Powers, two dollars per day.

Some interesting trips are being arranged for, especially the one by the Gorge Route, following the Niagara River to Lewiston and back on the Canadian side through Queenston and Victoria Park.

There should be a very large attendance at this meeting, as it is within easy distance of so many nursing centres in the western part of the State, and Niagara offers rare attractions to nurses at a greater distance. It is hoped that excursion rates can be arranged for, and nurses should inquire if this has been accomplished before buying their tickets. In parties of not less than ten we think this can often be done from local points.

We are anxious to have the names and full addresses of the presidents and corresponding secretaries of all the twenty-one State associations to publish in the November JOURNAL, and to be kept in each number during the year. We shall do this in response to a number of requests, and the list to be valuable must be accurate and complete. We ask all such officers to send their addresses at once.

CHANGES IN THE JOURNAL STAFF

WE regret exceedingly to announce to our readers the resignation of Miss Elizabeth R. Scovil as editor of the department of "Notes from the Medical Press." Miss Scovil is leaving her old home in New Brunswick to accompany her brother and his motherless family to a new home in the Far West, and she feels that the regular work and time which the

department requires will be more than she can continue to give under the changed conditions of her life.

The editor of Medical Notes has not only to put her material into form for the press, but must examine a dozen or more medical journals each month and cull out such ideas or items as will be of special value and interest to nurses.

Miss Scovil's gratuitous work has been splendidly done, her copy always on time, and the JOURNAL makes full and grateful acknowledgment for the liberal service of such a high order of excellence that she has given to it for so long a time.

We extend to Miss Scovil for the JOURNAL and its hosts of readers earnest wishes for great happiness in her new environment.

Miss Scovil will make up the department for the November number, and in that number we hope to announce her successor.

THE COLLABORATORS.

The staff of collaborators remains the same as last year with the exception of two new members added to the list, Miss Mary S. Loomis, of Seattle, and Miss A. Laura Goodman, of Spokane, who will represent the JOURNAL in the State of Washington.

Miss Loomis has lived for many years on the Pacific Coast. She is a graduate of the Illinois Training-School and returned to the coast to practise her profession. She is in charge of the operating-rooms at the Seattle General Hospital and is president of the Nurses' Association of that city.

Miss Goodman is a graduate of the Harper Hospital, Detroit. She has been in Spokane only two years, but is an active worker for State registration and the corresponding secretary of the Nurses' Association.

We take this time to remind our collaborators that the JOURNAL looks to them for information on all nursing matters from their districts, and expects them to induce nurses especially to contribute to its literary pages. The office is not in any sense complimentary. It carries with it an obligation for the advancement of the profession. The collaborators are the JOURNAL's special agents to stimulate nurses to literary effort, a department of progress in which it is often said nurses are very lacking. Such development is essential for professional growth, and this JOURNAL is the product thus far of the literary efforts and literary standards that nurses have attained, but it has been too much the work of a few rather than representative of the profession as a whole. One of the very important educational motives for the JOURNAL's existence was to stimulate nurses to literary effort, and in promoting such effort the collaborators have been and must continue to be great factors. We

urge upon them, therefore, greater activity along these lines for the coming year, acknowledging with pleasure our indebtedness for work done in the past.

The JOURNAL begins the new year with brightest prospects. The awakened interest of the *alumnæ* associations promises to soon relieve the individual stockholders of all financial responsibility and to make the JOURNAL in fact the property as well as the official organ of the Associated *Alumnæ*.

It only needs to have the individual *alumnæ* associations increase their membership dues to include the subscription to the JOURNAL to make it possible to broaden its educational value, improve the quality of the magazine, and at the same time make it cheaper, pay all contributors and officers for their material and work, and make it the most splendid professional journal the world has ever seen.

We offer this suggestion to the *alumnæ* associations to be taken up for early consideration with the work of the year just now beginning.

CIVIC RESPONSIBILITY.

We also urge greater activity in the organization along the lines of civic work, and we want to see every *alumnæ* association represented on the Board of Managers of its hospital and training-school. We realized in listening to the papers and discussion at the Portland Congress that there is hardly a question bearing on public morals or public health where the experience and judgment of nurses is not needed. We hope the day is not far distant when nurses will be recognized as being something more than paid agents of philanthropic associations, but they must show their interest and demonstrate their ability before such recognition will be voluntary on the part of the public.

The time is coming when nurses will take care of all sick people as the natural responsibility of the profession. It is what all nursing education is leading towards, and in the long future the people whom nurses serve will not be only those who can pay twenty-five dollars per week. Competition and an overstocked market will make it necessary for nurses to take the fee of the man who can pay fifteen, ten, or even five dollars. When she is recognized as belonging to a profession she will be able to charge more than twenty-five dollars—perhaps one hundred—to the man who can pay it, and in this way strike an average which will make nursing much more profitable than it is to-day; the great middle class will be properly nursed, the untrained woman will not be needed because she is cheap, the public will be better served, the nurse better paid, and the doctor better pleased. In the meantime, push forward State registration and all organization work. The strength of the movement is in the local associations.

YELLOW FEVER

By RUDOLPH MATAS, M.D.

New Orleans, La.

INTRODUCTORY NOTE.

AT a meeting of the Orleans Parish Medical Society, held August 12, 1905, Dr. Rudolph Matas addressed the society on the "*New duties and responsibilities imposed upon trained nurses, and other persons entrusted with the care of yellow-fever patients, in consequence of the newly acquired knowledge of the mode of transmission of this disease by the mosquito.*" He believed it the duty of all physicians, and especially those interested in the education of trained nurses, to properly instruct them in the elementary facts upon which the present methods of yellow-fever sanitation and personal prophylaxis are based. The rôle of the mosquito in the transmission and causation of yellow fever had been made quite apparent to the general public by the numerous speakers who had engaged in an educational mission in the present campaign. But the great responsibility which now rested upon the trained nurses in applying this recently acquired knowledge as a matter of professional obligation at the bedside had not been fully appreciated by either the physicians or the nurses. The physician himself could only give directions and instructions; the detailed and efficient execution of his orders rested wholly upon the trained nurse or the person who took her place at the bedside. It was unfortunate that the number of trained nurses that were available in the present epidemic was so entirely inadequate to meet the needs of the population, and still more unfortunate that so few had been trained intelligently and efficiently in the hygienic or sanitary management of the disease. On the other hand, the essential knowledge required to do efficient sanitary work at the bedside was easily obtained and easily applied, provided the nurse or responsible attendant at the bedside was duly impressed with the necessity of destroying mosquitoes in the sickroom as a serious personal responsibility. As a teacher in a training-school for nurses, he was impressed with the value of elementary laboratory demonstrations which elucidated the more impressive and important facts in the biological history of the mosquito as an adjunct to didactic teaching in the prophylaxis of yellow-fever, and he hoped that others interested in the training of nurses in the hospitals and schools of the South would add this mode of instruction to the regular curriculum, not only on account of yellow fever, but also of malarial and other tropical diseases in which the mosquito entered as a large etiologic factor. He had prepared a brief synopsis of the elementary facts connected with yellow-fever prophylaxis and a statement of the nurses's sanitary duties in this disease, which he had utilized in his teaching and now submitted to the society for approval.

It was moved by Dr. L. F. Saloman and seconded by Dr. G. Keitz that a pamphlet, incorporating the suggestions and recommendations of Dr. Matas, be printed by the society and be distributed among the physicians and nurses of New Orleans. This motion was carried unanimously.

I.

ELEMENTARY FACTS OF EDUCATIONAL VALUE.

1. Yellow fever may be defined as an acute, infectious, febrile disease which is transmitted from the sick to susceptible individuals through the agency of mosquitoes, and, as far as known, by the single species, the *Stegomyia Fasciata*,* which is the common domestic or cistern mosquito of New Orleans, and, in fact, of all the localities in which yellow fever prevails.

2. The germ or transmissible poison of yellow fever exists in the blood of yellow-fever patients only during the first three days of the disease; afterwards the patient ceases to be a menace to the health of others. Hence the importance of recording the very hour when the attack first began.

3. The mosquito (*Stegomyia Fasciata*) is powerless to convey the disease to a susceptible person by its bite until at least twelve days have elapsed after biting the yellow-fever patient. This period of incubation in the mosquito is the time that is required for the germ of the disease to breed in the body of the mosquito and to migrate from the insect's stomach to its salivary glands. The United States Army Yellow-Fever Commission found, in 1900, that in Cuba this period varies from twelve days, in the hot summer months, to eighteen days and over, in the cooler winter season.

4. After incubating the yellow-fever germ in its body during the period above specified, the *Stegomyia* is ready to transmit the disease during the entire period of its natural life, which may extend over one hundred and fifty-four days, provided the insect has access to water. (Guiteras.) Walter Reed was able to inoculate yellow fever with a *Stegomyia* fifty-seven days old, Guiteras with another one hundred and one days old. [NOTE.—According to Agramonte, *Stegomyia Fasciata* in Havana can only be coaxed to bite until four days old. With us in Louisiana, says Dupree, it bites without coaxing within twenty-four hours after emerging from the pupa case. It was believed at one time that: (1) the females of *Stegomyia* must be impregnated before they will bite; (2) that the female after biting once does not appear to bite a second time, or at least until five or seven days have elapsed; but

* *Stegomyia* (pronounced *steg-o-mi'-e-ah*), from the Greek, *Steganós*, covered, and *muía*, a fly. (Gould.) The *Stegomyia Fasciata* (striped) is also known as the "brindle" or "tiger" mosquito, on account of the striped appearance of its limbs, which readily distinguish it from the common gutter mosquito (*Culex Pungens*) and the swamp or malaria mosquito (*Anopheles*). *Stegomyia Fasciata* is found wherever yellow fever prevails. It is essentially a domestic mosquito, found usually in the neighborhood of human habitations and preferably in clean, sweet water.

Dupree says that the *Stegomyias* in Louisiana that have been isolated and reared apart from the males will bite promptly and frequently. Probably after they have digested their blood meal, and, like *Anopheles*, within three to five days after.]

5. A period varying from two to five days usually elapses after the bite of an infected mosquito before the symptoms of yellow fever will develop in the human subject. (This is the incubation period of yellow fever, and the United States Army Yellow-Fever Commission found that in thirteen cases of experimental yellow fever obtained by the bites of mosquitoes it varied from forty-one hours to five days and seventeen hours, after mosquito inoculation.)

6. From the above we gather that if an adult *Stegomyia Fasciata* bites a yellow-fever patient within the first three days of the disease it will have to incubate the poison in its body from twelve to eighteen days (incubation period in the mosquito); then, if it bites a susceptible person at the expiration of this time, two to five days must elapse for the disease to manifest itself in the bitten person. Therefore, in estimating the probable spread of yellow fever, from a single individual to the susceptible persons in his environment, a period of at least twenty-six days must be allowed to elapse before the success or failure of any preventive measures directed towards the destruction of the mosquito can be determined. In view of the fact that several days may elapse before a mosquito infected from the first case may bite a susceptible person, this period of observation should be lengthened to thirty days, which is the time given by the health authorities of New Orleans in the present epidemic to determine if a focus will develop from an infected case after its first appearance in a given locality.

7. The *Stegomyia Fasciata* cannot convey yellow fever during the time that the poison is incubating in its body (twelve to eighteen days). It may bite freely and repeatedly during this period, but its bite is innocuous; neither does its bite within this period confer any immunity to the bitten person.

8. Yellow fever is not transmitted or conveyed by fomites (*i.e.*, articles or inanimate objects that have come in contact with yellow-fever patients or their immediate surroundings). Hence the disinfection of clothing, bedding, or merchandise supposedly soiled or contaminated by contact or proximity with the sick is unnecessary.

9. The bodies, or cadavera, of the dead from yellow fever are incapable of transmitting the disease unless death occurs within the first three days of the disease (a rare occurrence), and then only if mosquitoes are allowed to bite the body before decomposition has set in.

10. There is no possibility of contracting yellow fever from the black

vomit, evacuations, or other excretions or secretions of yellow-fever patients.

11. An attack of yellow fever caused, as it always is, by the bite of the *Stegomyia* confers immunity against subsequent attacks of the disease.

II.

NEW DUTIES AND RESPONSIBILITIES IMPOSED UPON TRAINED NURSES IN THE TREATMENT OF YELLOW FEVER IN CONSEQUENCE OF THE ABOVE FACTS.

1. No nurse can be considered as trained in the management of yellow fever in the light of present accepted knowledge unless she realizes fully, earnestly, and conscientiously that the disease is transmitted solely by mosquitoes, and that it is her duty to prevent the admission of these insects to the sickroom and to destroy them promptly if they should find their way therein.

2. That as the inseparable attendant at the bedside of the patient she must coöperate with the physician in the discharge of his functions as guardian of the public health, the trained nurse in this capacity becoming directly the most efficient and important sanitary agent in preventing the spread of yellow fever in infected localities. Upon her intelligent appreciation of the mode of transmission of this disease her personal safety (if she is a non-immune) and the protection of the family and the entire household of the patient (especially if these are not immunes) largely, if not entirely, depends.

3. Every nurse must bear in mind that the most malignant yellow-fever patient is innocuous and absolutely harmless to even the most susceptible non-immune if the proper precautions are taken to prevent the access of mosquitoes to the patient's person.

4. The greatest freedom of personal contact and intercourse may therefore be permitted between the yellow-fever sick and the well in the sickroom, provided the inoculation of mosquitoes by biting the patient during the first three days of the disease is absolutely prevented.

5. The mission of a trained nurse is not satisfactorily accomplished if a patient suffering from any kind of fever, in localities infected with yellow fever, who is confided to her care is allowed to be bitten by a mosquito, even if the fever is proven not to be yellow fever. Mosquito bites are annoying and harmful even if not infective to the patient, and it must be looked upon as an evidence of neglect if he shows evidences of mosquito stings.

6. No nurse can consider herself a trained yellow-fever nurse unless she has made herself thoroughly familiar with the weapons which science and experience have given her to effectively protect her non-infected

patients and those persons who are dependent upon her knowledge and exertions for safety from the infected.

7. The weapons of offence and defence that the nurse must learn to handle in protecting her patients are:

(A) *The Mosquito-Bar (bobbinet preferred), to isolate the patient in his bed.*

1. The netting of bars must have meshes fine enough to prevent the passage of mosquitoes.

2. Mosquitoes can bite through mosquito-nets when any part of the patient's body is in contact with the netting.

3. Frequent examinations should be made to see that there are no torn places in the netting and that no mosquitoes have found a lodging inside.

4. The netting should be well tucked in to keep the mosquitoes from entering.

5. If mosquitoes are found within the netting they should be killed inside, not merely driven or shaken out.

6. All cases of fever should be promptly reported to the physician; awaiting his arrival they should be covered with a mosquito-bar. This is particularly important in dealing with mild fevers, especially in infants and children in localities liable to infection with yellow fever. The disease manifests itself in such a mild form in infantile and early childhood that it is likely to escape recognition. On account of the very mildness of the symptoms the usual precautions are not taken and the mosquitoes are able to spread the disease without molestation. The mild or unrecognized cases are for this reason the most dangerous from a sanitary point of view.

(B) *Screens.*

All openings leading to the sickchamber should be screened. Outside of hospitals wire screens are not usually available, and provisional screens can be made of bobbinet or cheese-cloth, which can be tacked or otherwise secured to the openings of the sickroom.

(C) *Sulphur and Pyrethrum for fumigation.*

Fumigate the room with sulphur or pyrethrum (insect powder) to destroy possibly infected mosquitoes as early as possible after the fourth day of fever. Sulphur burned in an iron pot is the surest way, and if used in proper quantity will not injure fabrics or colors. Three pounds in an average room is sufficient if the room be closed; more accurately, two pounds of sulphur to one thousand cubic feet of space is estimated by sanitary authorities; and one pound of insect powder to one thousand

cubic feet will suffice to stupefy the mosquitoes. The mosquitoes will fall to the floor and should be collected and burnt. Two hours' fumigation with sulphur is quite sufficient in ordinary cases. The fumes of sulphur will not remain long, and household ammonia sprinkled about the room will diminish their unpleasantness.

The fumigation should be done in the morning, so that the room will be free of odor by night, and it should be done preferably in dry weather. Whenever the condition of the patient will permit, a room adjoining the one occupied by the patient should be first purified of mosquitoes and prepared for the reception of the patient, who is to be carefully transferred to the disinfected room as early as possible after the fourth day.

The work of disinfection and mosquito destruction, as well as screening, is now conducted by the health authorities immediately after notification by the attending physician. But in isolated localities, or when delay in obtaining sanitary relief is unavoidable, the physician and the nurse must direct the members of the household in applying the prescribed regulations.

Additional precautions in sulphur fumigation, recommended by the Health Authorities in charge of sanitation in New Orleans during the present epidemic:

“Remove all ornaments of metal, such as brass, copper, silver, and gilt, from the room that is to be fumigated. All objects of a metallic nature, which cannot be removed, can be protected by covering the objects tightly with paper, or with a thin coating of vaseline applied with a brush.

“Remove from the room to be fumigated all fabric material after thoroughly shaking. Open all drawers and doors of furniture and closets.

“The room should be closed and made as tight as possible by stopping all openings in chimney, floor, walls, keyholes, and cracks near windows and doors.

“Crevices can be closed by pasting strips of paper (old newspapers) over them with a paste made of flour.

“The sulphur should be placed in an iron pot, flat skillet preferred, and this placed on bricks in a tub or other convenient water receptacle with about an inch of water in the bottom. This is a precaution which must be taken to guard against accidents, as the sulphur is liable to boil over and set fire to the house.

“The sulphur is readily ignited by sprinkling alcohol over it and lighting it.

“The apartment should be kept closed for two hours, and then opened up and well ventilated.

“NOTE.—To find the cubic contents of the room, multiply the length of the room by the width, and this total by the height, and to find the amount of sulphur necessary to fumigate the room divide the cubic contents by 500, and the result will be the amount of sulphur required in pounds.

“Take, for example, a room fifteen feet long, ten feet wide, and ten feet high, we would multiply $15 \times 10 \times 10$, equals 1500 cubic feet. Divide this by 500, and you will have the amount of sulphur required, viz.: three pounds.”

(D) *Kerosene Oil to destroy the larvæ of the mosquitoes in cisterns, gutters, pools, and other water surfaces where the eggs of the mosquitoes are deposited and develop into wrigglers.*

The following facts bearing on mosquito destruction recommended by the Board of Public Health and Marine Hospital Service in the circular of July 31, 1905, are of special value in suggesting the proper use of coal oil as a mosquito destroyer in infected localities.

FACTS BEARING ON MOSQUITO DESTRUCTION.

“1. Mosquitoes live in the vicinity in which they breed. They do not often fly a long distance.

“2. Mosquitoes breed only in water—usually in artificial collections of fresh water.

“3. The young mosquito, or wriggler, lives in water at least seven to twelve days.

“4. Although the wrigglers live in water, they must come frequently to the surface to breathe.

“5. Coal-oil on the surface of the water prevents the wrigglers from breeding.

“6. Destroy the breeding places and you will destroy the mosquitoes.

“7. Empty the water from all tubs, buckets, cans, flowerpots, vases, etc., once every forty-eight hours.

“8. Fill or drain all pools, ditches, unfilled postholes, and the like.

“9. Change regularly every day all water needed in chicken-coops, kennels, etc.

“10. Treat with oil all standing water which cannot be screened or drained (one ounce of oil will cover fifteen square feet of surface). The oil does not affect the water for use if the water is drawn from below.

“11. Where oil is applied to standing water it must be distributed evenly over the surface.

“ 12. Put fine wire netting (eighteen meshes to the square inch) over cisterns, wells, and tanks of water in everyday use.

“ 13. Places in which it is undesirable to put oil, such as watering-troughs for stock, lily ponds, and so forth, can be kept free from wrigglers by putting in gold-fish or minnows.

“ 14. Clean away all weeds, grass, and bushes about ditches, ponds, and other possible breeding-places, since these afford a hiding-place for the mosquitoes.

“ 15. Clean up vacant lots and back yards of all cans, tins, bottles, and rubbish in which water may collect and stagnate.

“ 16. First do away with, or treat, all places where mosquitoes *are known* to breed, and then begin to work on places where they *might* breed.

“ 17. Inspect and treat with coal oil gutters, culverts, ditches, man-holes, catch basins, etc., along the roadside. Manhole covers should be screened.”

(E) *The Aromatic Essential Oils and other substances which are repulsive to mosquitoes:*

Such as citronelle, lavender, pennyroyal, menthol, camphor, eucalyptus, and thymol, may be used, pure or mixed with alcohol or glymol, to protect the exposed surfaces of the skin of the attendants in the sick-room to aid in keeping off mosquitoes.

(F) *The Hand Palmetto Fan, and the Electric Fan whenever this is available.*

The electric fan is not only most valuable as a means of cooling the hot summer atmosphere of the usual sickroom in yellow-fever districts, but is also a very effective destroyer of mosquitoes. In all cities where electric plants exist the electric fan is not to be regarded as a luxury, but as a necessity.

[See communication by Surgeon W. F. Arnold, United States Navy, on “The Mosquito and the Electric Fan,” in *American Medicine*, August 12, 1905.]

8. Whenever it is impracticable for a nurse to screen the sickroom so as to make it mosquito proof, she should at least make every effort to protect the person of the patient during the prescribed three days of greatest danger from infection by constantly keeping him under a bar and destroying all the mosquitoes that may chance to penetrate within it.

TO THE PHYSICIAN.

It is the duty of every physician worthy of the name to encourage the nurse in the exercise of her sanitary duties, and to aid with all his influence and authority in preparing the environment of the patient,

personal and otherwise, for the proper and efficient discharge of the responsible duties that the new conditions have imposed upon the trained nurse in the treatment of yellow fever. No nurse, no matter how intelligent or conscientious, can possibly do her duty in protecting her patient from mosquitoes and preserve his surroundings from infection without the earnest coöperation of the attending physician and the whole-hearted assistance of the people in the infected household.

The following books and articles intended for the general reader are recommended for perusal by nurses and others seeking the most recent information on mosquitoes and yellow fever:

1. "Mosquitoes: How they Live; How they Carry Disease; How they are Classified; How they May be Destroyed." By L. O. Howard. Third edition. McClure, Phillips & Co., New York, 1902.

2. "The Problem of Mosquito Destruction in New Orleans." By Dr. Quitman Kohnke, Health Officer. (Illustrated.)

3. "Biennial Report of the Board of Health of the City of New Orleans, 1902-03." Report of a visit to Havana (describing the methods of yellow-fever sanitation based upon mosquito destruction). By the same author.

4. "Wood's Reference Handbook of the Medical Sciences." Edited by Albert H. Buck, Vol. V., second edition, 1904. "Mosquitoes in Relation to Human Pathology." By H. B. Ward.

5. "The Encyclopædia Americana," Vol. XVI., article, "Yellow Fever." By George M. Sternberg, Washington, D. C.

6. "The Mosquitoes of Louisiana and Their Pathogenic Possibilities, with Remarks upon Their Extermination." By Dr. W. H. Dupree, Baton Rouge, La. *New Orleans Medical and Surgical Journal*, Vol. LVIII., No. 1. (July, 1905.)

7. "Yellow Fever. Clinical Notes." By Just Touatre, M.D. (Paris). Translated from the French by Charles Chassaignac, M.D. Published by *New Orleans Medical and Surgical Journal*, Limited, 1898. (Specially recommended for the section on treatment.)

More complete technical articles will be found in "Wood's Reference Handbook," second edition, Vol. VIII., 1904, as follows:

"Yellow Fever; Historical Sketch of the Disease, Its Etiology and Mode of Propagation." By Dr. Charles J. Finlay (Havana).

"Yellow Fever; History and Geographic Distribution." By George M. Sternberg (Washington, D. C.).

"Yellow Fever; Symptomatology, Morbid Anatomy, Treatment." By Dr. John Guiteras (Havana).

VISITING NURSING ***REPORT OF THE SUB-COMMITTEE**

By JANE ELIZABETH HITCHCOCK

Henry Street Nurses' Settlement, New York City

THE district or visiting nurse has long been recognized in her usefulness in the homes of the poor. Where illness has further complicated the difficulties of honest livelihood in its struggle with poverty, the strength-giving force of a trained nurse has not failed of recognition. Probably every city in the Union is provided with such nurses, and small villages, particularly of the manufacturing sort, have found the need of their services.

In the past few years both the nurse and the public have awakened to the fact that she has a more inclusive service to render, although perhaps not a better one, than simply that of ministering to the sick and caring for the dying. Schools of nursing are recognizing that the women they send forth from their walls should go with a sense of their duty as public servants as well as their consciousness of technical skill. Hence they are introducing into their curricula more of the general knowledge of peoples and conditions. The women who are leaving the seclusion of the hospitals are increasingly feeling their duty as citizens. More and more of the intelligence of the profession is going out along lines of social service. It was a visiting nurse, Miss Lillian D. Wald, who, twelve years ago, having responded to a call born within herself to live in neighborliness with her sick, saw her opportunity to do more than heal their bodies, saw that conditions of living, housing, etc., helped to make or destroy both health and character. She was, hence, emboldened to present herself to the New York Department of Health and ask its recognition of her efforts. A department badge and authority to enforce sanitary measures were given to her. This was the first connection of a nurse with the outdoor work of a public department. Now it is not at all unusual to find her an assistant in local Health Boards or in tenement-house inspection work. A few years later this same woman had experience with children undergoing long exclusion from school because of slight illness of a contagious character. Observing that a few visits from a nurse could easily rectify the situation, she conceived of the existing system of nurses in daily attendance at public schools. We will not touch upon this here, as we are to hear later in the evening from

* Read at the Portland, Ore., Conference of Charities.

Miss Rogers of the success of the method now in operation in New York City.

As this is the age of specialties, so we find our visiting nurse falling into line and learning that she too has her limitations and can do better service by accepting them. In seasons of epidemic, like some of our recent struggles with typhoid and yellow fever, the visiting nurse force has played an active part. But she is not called in emergencies only, for now that the war against the "white plague" is being waged hot and furiously, the visiting nurse, giving care and advice, is an indispensable agent in the fight. In New York City there are twenty nurses giving their entire time to the care of tuberculosis patients, instructing in the intelligent care of the sufferer and the methods that should be used to effectively prevent the spread of the disease. It has been proven that where there is insufficient hospital space for the isolation of the common contagious diseases (scarlet fever, diphtheria, measles, and the like) the visiting nurse is of great usefulness. Taking the precaution of daily fumigation of dresses, bags, gowns, etc., she can go from home to home where the same class of disease occurs, and can do much in the way of proper nursing and instruction. The eyes of a mother may be opened to the value of daily injunctions to prevent the scattering of desquamated particles. It may be a new thought to her, but she can be taught to understand the hazard to one who drinks from a contaminated cup, or the danger to the neighbor of her who shakes infected bedding from the window. These thoughts, that have almost become axioms to you who are able to read the literature of the day, must be brought home by daily example and oft-repeated precept to the busy, care-burdened tenement-house mother.

The responsibility placed upon the shoulders of the nurse is heavy and oftentimes bewildering. Although she has the great advantage of having been called into the family circle in the midst of the crisis for the relief of which the sufferer is ready to unburden himself of all he may possess, still, she has at the same time the difficult task of keeping well balanced the present need and the causes that have produced that need. The natural, professional instinct of bodily relief must, of course, be responded to at once. That condition relieved, and the story of daily life and habits having come gradually to the knowledge of the nurse during her visits, she has gained information and influence that should lead to a friendship extending beyond the days of sickness. In the pressure of professional work one is apt to feel that if the present crisis is passed and the family once more at its normal level, the care in that particular quarter may cease until the "case" is again reported and the family again in trouble.

Nurses are probably no more prone than are other workers in special lines to see their specialty only and to be blind to other features. It is, however, not uncommon for them to overlook the possibility of uplift in other directions, or, having observed it, to attempt giving the aid themselves instead of acting the part of connecting link between the need and the agency especially adapted to supplying that need. Those who are especially interested in the development of this line of work are glad to welcome the dawn of particular preparation for those who are entering the field of visiting nursing. Training-schools are seeking lecturers from those who can give to them of their wide, practical experience in social problems, and the schools of philanthropy, on their side, are giving the nurse consideration. Mr. Devine, of New York, is considering the preparation of a course in connection with the School of Philanthropy especially designed for women who are to take up the work of visiting nursing. This course will embrace the most helpful lectures that are now given at the school, and will also probably include practical experience in connection with some of the well-established nursing organizations.

The world has been wont to look upon the nurse as a reliever of bodily ills, and in some degree as an assistant in solving social questions. There is another aspect that is not often touched upon and yet has large possibilities—namely, her economic value when considered in connection with the crowded hospitals and their increased deficits. There are certain kinds of illnesses that can be treated only with the facilities of a hospital at hand, and there are certain people whose surroundings are such that attempted care in the home or in the boarding-house is a fiasco. For such cases as these the hospitals should always have room. There is another class of people, honest, self-respecting, industrious, who are happily and comfortably provided for while health and strength are theirs. Perhaps they are able to meet some part of the extra strain, the doctor's daily visits and the medicines, but the nursing may be an expense that is just too much to be borne. Perhaps there is not room in the already crowded home to bring in another person, and she, too, a stranger. In such situations as this the visits from the district nurse at stated intervals, a systematizing of the sickroom, a clarifying of the doctor's orders, an hour twice or thrice a day of careful nursing, and perhaps a special nurse established at the bedside on the night of the crisis, will often save a patient from the hospital and leave the place to one who perhaps has no home and no one to give care.

Convalescents, who would do better with the stimulus of family life and healthy people about them, are retained in the wards because of some bit of minor surgery that the visiting nurse could easily manage on her

daily rounds. Recently there came to the notice of the writer a young woman discharged from a general hospital as incurable. She was advised to make application to a home for incurables, but her husband, as young and full of unreasoning hope as herself, said, "No; we will ask the help of the district nurse, and she and I will take care of you." Youthful courage and persistence is accomplishing more than the "Professor" had deemed possible. The home for incurables is spared an inmate and the little family is reclaiming its own.

These are not isolated cases. They are to be found in every district. Much of the hospital deficit problem would be solved if more thought were given to consideration of the best way to help the sick poor care for themselves in their homes.

Among the unsolved problems of the nursing profession perhaps the most puzzling one at present is how to provide adequate nursing for the moderate wage earner. There is a large body of citizens who do not need gratuitous service and yet are quite unable to sustain for any length of time the heavy outlay of a private nurse. The paid hourly nurse has already made some headway. In several centres nurses work by the hour at a specified rate, their methods being much the same as those of the district nurse except for the financial basis. Miss Rutherford, of Baltimore, who has had some experience along this line, writes: "All kinds of people have found us useful: the doctor who needed a nurse for an hour or two in his office or for a minor operation; the chronic invalid with kind friends to do much for him but whose day and night were eased by the hourly morning and evening visit when the bath and the rub were skilfully given; the woman living in the boarding-house with no room for a regular nurse and to whom the expense of both the nurse and her board would have been out of the question; the private nurse tired out with a long case and unable to get air and rest without a responsible person to leave in charge; the careful mother with the sick child needing someone to assist her in carrying out the special order that would have agitated her; the nervous, retiring woman, shrinking from having her own loved ones dress the chronic sore. All of these have found the hourly nurse useful, and perhaps to none has she been of such assistance as to the private nurse herself. Speaking from a year's experience as an hourly nurse there seems to me nothing more delightful in the profession. The constant, out-of-door life is most healthful, and the patients, after the unskilled care of the home people, welcome the nurse who comes in for the hour bringing with open arms the freshness of the outside world. All over the country there are isolated nurses doing this work, and registries are sending out nurses to single cases. We think, however, that in order to be of real benefit to

the community certain nurses should do this line of work exclusively, receiving their calls from a central registry. When possible the nurse should receive a stated salary, the fees from the patients being paid in to the central association.”

Another and somewhat similar plan has been suggested by Jamieson B. Hurry, M.D., in a pamphlet recently issued by him. His suggestion is for benefit associations. The payment of a specified sum per year should entitle the payee to the assistance of an hourly nurse under certain restrictions as to chronic cases, contagious diseases, and the like. The yearly dues of such an association should amount in the aggregate to the nurse's salary, the running expenses, and a surplus sufficiently large to permit of assistance during seasons of epidemic or periods of extra stress from other causes.

Visiting nursing in America is comparatively young. Although the first record of provision for the care of the sick poor in their homes dates back to 1813, to the Ladies' Benevolent Society of Charleston, S. C., still, the first group of nurses that was set apart for this work was a branch of the New York City Mission begun in 1877.

Miss Waters's statistical statement is an incomplete record of the visiting nurse in the United States at the present time. This work was begun under the impression that the body of nurses engaged in this line of work was small. As new associations are constantly coming to light in response to Miss Waters's appeal, it is evident that the end is not yet reached, and that this report can only be considered as partly complete.



STATISTICAL TABLE OF VISITING NURSING IN THE UNITED STATES

COMPILED BY Y. G. WATERS
Nurses' Settlement, New York
FOR THE CONFERENCE OF CHARITIES, PORTLAND, ORE.

| Place. | Name of Association. | Established. | Affiliations. | | Training Hours. | | | | Kinds of Cases. | | | | Salary and Items of Interest. | |
|---------------------------|---|--------------|--------------------------|---------|-----------------|----------------|-----------|--------|-----------------|-----------|----------|--------------|-------------------------------|---|
| | | | Charitable Organization. | Church. | Other Agent. | No. of Nurses. | Graduate. | Pupil. | A. M to P. M. | Surgical. | Medical. | Obstetrical. | | Contagious. | Tuberculosis. |
| Albany, N. Y. | Albany Guild for Care of the Sick..... | 1897 | no | no | no | 5 | 5 | .... | Unlimited | yes | yes | yes | yes | \$50-\$75 per month. Also employ trained assistants. |
| Allegheny Pa. | Farmington Aid Society..... | 1894 | " | " | " | 1 | 1 | .... | 9-5 | " | " | " | " | \$50 per month. |
| " " | Visiting Nurse Assn. of Allegheny Co., Pa. | 1894 | " | " | " | 1 | 1 | .... | 8-5 | " | " | " | " | \$50 per month and car fare. |
| Arlington, Mass. | Arlington Visiting Nursing Association.. | 1904 | yes | " | " | 1 | 1 | .... | 9-5 | " | " | " | " | \$60 per month. |
| Augusta, Me. | Augusta City Hospital District Nurse..... | 1903 | no | " | yes | 1 | 1 | .... | 7-6 | " | " | " | " | 3d year pupil nurses only. |
| Baltimore, Md. | Instructive Visiting Nurse Association ... | 1896 | yes | yes | " | 8 | 8 | .... | 8-5 | " | " | " | yes | \$53 per month. Also have classes for Caretakers. |
| " " | Out-Patient Obstetrical Service Johns Hopkins Hospital ..... | .... | no | no | no | 2 | .... | 2 | Irregular | no | no | " | no | Pupils of the Union Protestant Infirmary. |
| " " | Out-Patient Orthopaedic Service Johns Hopkins Hospital | 1904 | " | " | " | 1 | 1 | .... | 9-5 | yes | " | no | " | |
| " " | Public School Nurse..... | 1905 | " | " | Dept. Health no | 1 | 1 | .... | 9-4.30 8.30-5 | " | yes | " | yes | \$60 per month paid by the city. |
| " " | T. Wilson Sanitarium District Nursing... | 1900 | " | " | " | 5 | 5 | .... |  | no | " | " | no | \$75 per month head nurse, \$50 for assistants. Also have five milk dispensaries. |
| " " | Tuberculosis Nurse of Instructive Visiting Nurse Association..... | 1903 | yes | yes | yes | 1 | 1 | .... | 9-5 | " | no | " | " | \$25 per month and all expenses. |
| Bellows Falls, Vt. | Bellows Falls Women's Club..... | 1904 | no | no | no | 1 | 1 | .... | 9-6 | yes | yes | yes | " | \$60 per month. |
| Berlin, N. H. | Berlin Instructive District Nursing Fund. | 1903 | " | yes | yes | 1 | 1 | .... | 8-6 | " | " | " | " | \$60 per month. |
| Bernardsville, N. J. | District Nurse of Bernardsville..... | 1903 | " | " | no | 1 | 1 | .... | 8-6 | " | " | " | yes | The nurse drives daily from five to forty miles. |
| Boston, Mass. | Denison House..... | 1904 | " | no | " | 1 | 1 | .... | 9-5 | " | " | " | no | \$40 per month. |
| " " | Elizabeth Peabody Association. | 1896 | " | " | " | 1 | 1 | .... | Unlimited | " | " | " | " | \$50 per month. Dispense modified milk. |
| " " | Instructive District Nursing Association.. | 1886 | " | " | " | 15 | 15 | .... | 9-5 | " | " | " | yes | \$50 first 2 years. \$60 after that. |

[illegible]

STATISTICAL TABLE OF VISITING NURSING IN THE UNITED STATES—Continued.

| Place. | Name of Association. | Affiliations. | | Training Hours. | | | Kinds of Cases. | | | | Salary and Items of Interest. | | | |
|-----------------------|---|--------------------------|---------|-----------------|----------------|-----------|-----------------|----------------|-----------|----------|-------------------------------|--------------|-------------|--|
| | | Charitable Organization. | Church. | Other Agent. | No. of Nurses. | Graduate. | Pupil. | A. M. to P. M. | Surgical. | Medical. | | Obstetrical. | Contagious. | Tuberculosis. |
| | | | | | | | | | | | | | | |
| Hartford, Conn..... | Visiting Nurse Association | 1901 | no | no | 2 | 2 | .... | 8-6 | yes | yes | yes | no | yes | \$60 and \$75 per month. |
| Hindman, Ky..... | Log Cabin Social Settlement..... | 1902 | " | W. C. T. U. | 1 | 1 | .... | Irregular | " | " | " | yes | " | \$40 per month. |
| Irvington, N. Y..... | Presbyterian Church District Nurse | 1903 | yes | no | 1 | 1 | .... | 8-6 | " | " | " | no | " | \$60 per month. |
| Kalamazoo, Mich..... | Civic Improvement League..... | 1904 | no | " | 1 | 1 | .... | 9-5 | " | " | " | " | " | \$60-\$72 per month. |
| Kansas City, Mo..... | Visiting Nurse Association of Kansas City | 1891 | yes | " | 1 | 1 | .... | Irregular | " | " | " | " | " | \$60 per month. |
| Keene, N. H..... | Elliott City Hospital District Nurse..... | .... | no | " | 1 | .... | 1 | " | " | " | " | " | " | Pupil nurses only. |
| Ledger, N. C..... | Mountain District Nurse..... | 1902 | " | " | 1 | 1 | .... | " | " | " | " | yes | " | Salary is whatever the people can pay. |
| Lexington, Mass..... | Lexington Fellowship of Charities | 1901 | " | " | 1 | 1 | .... | " | " | " | " | no | " | \$65 per month. |
| Los Angeles, Cal..... | Los Angeles School Nurse | 1904 | no | City | 1 | 1 | .... | 9-5 | " | .... | .... | " | " | \$75 per month. |
| " | Los Angeles Settlement Association..... | 1898 | " | no | 1 | 1 | .... | 8-5 | " | " | " | " | " | \$75 per month. |
| Lynn, Mass..... | Lynn Hospital District Nurse..... | .... | " | " | 1 | 1 | .... | Irregular | " | " | " | " | " | " |
| Malden, Mass..... | Malden Industrial Aid Society | 1899 | yes | " | 1 | 1 | .... | 8-6 | " | " | " | yes | " | \$60 per month. |
| Manchester, N. H..... | Manchester District Nursing Association. | 1898 | no | City Miss. | 5 | 5 | .... | 8-6 | " | " | " | no | " | \$50 per month. |
| Marblehead, Mass..... | Marblehead Visiting Nurse Association .. | 1896 | yes | no | 1 | 1 | .... | 8-6 | " | " | " | yes | " | \$50 per month. |
| Medford, Mass..... | Medford Visiting Nurse Association..... | 1900 | no | " | 1 | 1 | .... | 8-6 | " | " | no | no | " | \$60 per month. |
| Melrose, Mass..... | Melrose Hospital Visiting Nurse..... | .... | " | " | 1 | .... | 1 | Irregular | " | " | yes | " | " | " |
| Middleton, Conn..... | Middleton District Nurse Association..... | 1901 | yes | " | 2 | 2 | .... | 8-5 | " | " | " | " | " | \$50 and \$60 per month. |
| Milburn, N. J..... | Neighborhood Association of Milburn..... | 1904 | no | " | 1 | 1 | .... | Irregular | " | " | " | " | " | \$60 per month. |
| Milton, Mass..... | Milton District Nurse..... | 1903 | " | " | 1 | 1 | .... | " | " | " | " | " | " | \$60 per month. |
| Minneapolis, Minn.... | Instructive Visiting Nurse Committee of Associated Charities..... | 1903 | yes | " | 3 | 3 | .... | 8-6 | " | " | " | " | " | \$60 and \$50 per month. |
| Milwaukee, Wis..... | Associated Charities Visiting Nurses..... | .... | " | " | 2 | 2 | .... | 8-6 | " | " | " | yes | " | \$40 and \$32 per month. |
| Moline, Ill..... | King's Daughters Union..... | 1903 | no | " | 1 | 1 | .... | 8-5 | " | " | " | " | " | \$55 and \$60 per month. |
| Montclair, N. J..... | Montclair Colony of New England Women | 1905 | " | " | 1 | 1 | .... | Irregular | " | " | " | no | " | \$60 per month. |
| Nashua, N. H..... | Good Cheer Society | 1902 | yes | " | 1 | 1 | .... | 8-7 | " | " | " | " | " | \$70 per month. |
| Natick, Mass..... | Natick Visiting Nurse Association..... | 1899 | no | " | 1 | 1 | .... | 8-6 | " | " | " | " | " | \$60 per month. |
| New Bedford, Mass.... | Instructive Visiting Nurse Association... | 1891 | " | " | 2 | 2 | .... | 8-5 | " | " | " | " | " | \$60 per month. |
| Newburgh, N. Y..... | Associated Charities Visiting Nurse Soc... | 1898 | " | yes | 1 | 1 | .... | 7-6 | " | " | " | " | " | \$50 per month. |
| New Haven, Conn..... | Visiting Nurse Association..... | 1905 | " | 1-0 | 1 | 1 | .... | 8-5 | " | " | " | yes | " | \$50 per month. |

| Newport, R. I. | Newport Hospital District Nurse | 1904 | yes | yes | 2 | ... | 2 | 5-5.30 | yes | yes | yes | no | yes | One pupil nurse especially for obstetrics. |
|----------------------|---|------|-----|-------|----|-----|----|-----------|-------|-----|------|-----|-----|---|
| Newton, Mass. | Newton District Nursing Association | 1898 | no | no | 2 | 2 | 2 | 8-6 | no | " | " | yes | " | \$60 per month. |
| Newton Centre, Mass. | Newton Centre District Nursing Assn. | 1899 | yes | " | 3 | 3 | 3 | 8-5 | " | " | " | no | " | \$60 per month. |
| Newark, N. J. | Newark Visiting Nursing Association | 1902 | no | " | 2 | 2 | 2 | 9-6 | " | " | " | " | " | \$60 per month. |
| New York, N. Y. | Bellevue Hospital Tuberculosis Clinic | 1904 | " | " | 5 | 3 | 3 | 9-5 | " | no | no | " | " | \$60 per month for graduates. |
| " | Bloomingdale District Nurse | 1905 | yes | yes | 1 | ... | 1 | 9-5 | " | yes | yes | " | " | \$75 per month. |
| " | Charity Organization Society | ... | " | no | 4 | 4 | 4 | 9-5 | " | " | " | yes | " | \$50-\$60 per month. |
| " | Private Individual | ... | " | " | 1 | 1 | 1 | 9-5 | " | " | " | " | " | " |
| " | Woman's Branch N. Y. City Mission Soc. | 1877 | no | " | 10 | 10 | 10 | 8-5 | " | " | " | " | " | \$50 per month. |
| " | New York Colored Mission | ... | " | " | 1 | 1 | 1 | 8-12 noon | " | " | " | " | " | \$25 per month. |
| " | Church of Incarnation | 1894 | " | " | 1 | 1 | 1 | ..... | " | " | " | no | " | " |
| " | Department of Health School Nurses | 1902 | " | " | 44 | 44 | 44 | 9-5 | " | no | no | yes | no | \$75 per month. |
| " | Dept. of Health Tuberculosis Nurses | 1903 | " | " | 12 | 12 | 12 | 9-4 | " | no | " | no | yes | \$75 per month. |
| " | District Nurses of Ethical Society | 1877 | " | no | 3 | 3 | 3 | 9-5 | " | yes | " | yes | " | \$66 per month. |
| " | St. Luke's Association of Grace Parish | 1887 | " | " | 1 | 1 | 1 | Irregular | " | yes | " | " | " | \$400 a year with board. |
| " | Henry Street Settlement | 1903 | " | 1 Ch. | 24 | 23 | 1 | 9-6 | Disp. | " | Abal | no | " | \$60 per month. Home for convalescents, and milk station, clubs, and classes. |
| " | New York Infirmary | 1902 | " | no | 1 | ... | 1 | Irregular | no | " | yes | " | yes | " |
| " | Lying-in Hospital Society | 1895 | " | " | 10 | ... | 10 | 7-7 | no | no | " | " | no | " |
| " | Ministering Guild | 1899 | " | " | 1 | 1 | 1 | 8-5 | yes | " | " | " | yes | " |
| " | Mt. Siani Hospital District Nurse | 1890 | " | " | 1 | ... | 1 | 10-3 | " | no | " | " | no | " |
| " | Northern Dispensary District Nurse | 1894 | " | " | 1 | 1 | 1 | 9-5 | " | " | " | yes | yes | " |
| " | Visiting Nurse Dept. Presbyterian Hosp. | 1904 | " | " | 6 | 2 | 4 | 8.30-5 | " | " | " | no | no | \$75 per month for graduates. |
| " | Sunny Side Day Nursery | ... | " | " | 1 | 1 | 1 | ..... | " | " | " | yes | " | " |
| " | St. George's District Nurse | 1884 | " | yes | 1 | 1 | 1 | Irregular | " | " | " | yes | " | \$400 and expenses. |
| " | University Place Church | 1901 | " | " | 1 | 1 | 1 | " | " | " | " | no | " | \$60 per month. |
| " | Vanderbilt Clinic | 1902 | " | no | 1 | 1 | 1 | 9-5 | no | no | " | " | " | " |
| " | Beneficial Association of Employés of Wanamaker's Store | ... | " | " | 1 | 1 | 1 | 8.30-5.30 | yes | yes | " | " | " | " |
| Norfolk, Va. | City Union of King's Daughters | 1897 | " | " | 2 | ... | 2 | 9-6 | " | yes | yes | " | " | \$70 and \$40. |
| North Eastern, Mass. | North Eastern District Nurse | 1896 | " | " | 1 | 1 | 1 | Irregular | " | " | " | " | " | \$60 and \$70. |
| Oakland, Cal. | Fabriola Hospital District Nurse | 1901 | " | " | 1 | 1 | 1 | " | ... | " | " | " | " | " |
| Oakmont, Pa. | District Nursing Association of Oakmont | 1896 | " | " | 2 | 2 | 2 | 8-5 | " | " | " | yes | " | \$60. |
| Omaha, Neb. | Omaha District Nursing Association | 1900 | " | " | 5 | 3 | 3 | Irregular | " | " | " | no | " | \$50. |
| Orange, N. J. | Visiting Nurses' Settlement | ... | " | " | 1 | 1 | 1 | " | " | " | " | " | " | \$30 and \$25, board and laundry for the graduates. |
| Peoria, Ill. | Associated Charities | 1902 | " | All | 1 | 1 | 1 | 8-5.30 | " | " | " | " | " | \$60. |
| Philadelphia, Pa. | Dominican House and Catholic Guild | 1903 | " | no | 1 | 1 | 1 | 9-5 | " | " | " | " | " | \$25. |
| " | Methodist Woman's Home Mission | ... | " | yes | 1 | 1 | 1 | Irregular | " | " | " | " | " | Deaconess allowance. |
| " | St. Martha's Church Settlement | 1911 | " | " | 1 | 1 | 1 | 8-5 | " | " | " | " | " | \$25 and all expenses. |
| " | Visiting Nurse Society | 1886 | " | no | 18 | 18 | 18 | 8-6 | " | " | " | " | " | \$50-\$55. |
| Pittsburg, Pa. | Columbian Council School Settlement | 1902 | " | " | 1 | 1 | 1 | 8-5 | " | " | " | " | " | \$60 and car fare. |
| " | East End Visiting Nurses' Aid Society | 1-95 | yes | " | 1 | 1 | 1 | Irregular | " | " | " | " | " | \$55. |
| " | First Presbyterian Church | 1904 | no | yes | 1 | 1 | 1 | 8-5 | " | " | " | " | " | \$50. |
| Pittsfield, Mass. | Post Graduate Nurse's Association | 1901 | " | no | 1 | 1 | 1 | ..... | " | " | " | " | " | The nurses take turns in doing district work. |
| Plainfield, N. J. | City Union of King's Daughters | 1895 | yes | " | 1 | 1 | 1 | 8-5 | " | " | " | " | " | \$15 per week. They have a baby camp in the mountains. |

NURSING SEATTLE'S UNFORTUNATE SICK

By KATHARINE MAJOR

Graduate Cincinnati Hospital, Cincinnati, O.

FROM an old-time passenger boat, with a probable smuggler's record, to a hospital used for the care of a great city's sick poor is the brief history of the old side-wheeler Idaho, now the Wayside Emergency Hospital of Seattle.

It was certainly an ingenious mind that saw such possibilities in an old, discarded hulk of a boat, and the results of the experiment have been more potential than was hoped for, for to-day the Wayside Emergency Hospital has the reputation of being one of the most unique charities in the world. The old ship, now scuttled and propped up by many posts, lies next to a great wharf in the very heart of one of the busiest water-fronts in the country.

The great and little steamers of Puget Sound and the Pacific Ocean pass to and fro behind and about it, while the many trains of three trans-continental railroads whiz in front of its open door. And to this old ship many desperately sick and injured people are carried daily. There they receive the best that medical attention and careful nursing can afford.

The equipment and arrangement of the Wayside Emergency Hospital are very interesting. Every inch of space of the old ship has been used, for it is scarcely large enough to accommodate all the patients that seek admission. A well-equipped office and dispensary, four wards for the men, and the kitchens and storerooms are located on the main deck, while what was once the old wheel-room is now the operating-room. This little operating-room, rather meagre in its furnishings as compared to those of the great hospitals, is, nevertheless, the scene of the most interesting and unusual operations known to surgery.

The upper deck of the ship has been converted into a ward for the women.

The old social hall is now the nurses' sitting-room and dining-room, and their bedrooms are the staterooms ranged along the side of the cabin. The pilot-house is used for a ward for contagious diseases. Both decks are equipped with bathrooms and toilets, and nothing is lacking for the comfort of the patients.

As the Wayside Emergency Hospital is essentially a charity, it is chiefly supported by contributions from the citizens of the city. The city and the county each give two hundred and fifty dollars per month towards its maintenance, and the balance is made up from private con-



WAYSIDE HOSPITAL, SEATTLE, WASHINGTON

tributions. Every morning the men go out with carts to the commission merchants whose places of business are along the water-front and gather up the fruits and vegetables and fish which these men donate to the hospital, and it is safe to say that no hospital in the city is able to give its patients better or more wholesome food.

Some idea of the largeness of the work may be had from the following estimates. In the month of June, 1905, one hundred and nine patients were received in the hospital with a record of nine hundred and thirty-four days of care given. In July of the same year one hundred and five patients were received and one thousand and ninety-six days' care were given. In those two months there were also given over three hundred dispensary treatments. There are only forty-one beds on the ship and many more could easily be filled.

No more worthy work can be found than caring for the unfortunate sick. A large per cent. of any city's population would be objects of charity if sick for sixty days and credit for food and clothing were denied. Men live on the verge of starvation, and if it were not for sympathy and confidence there would be many more wanderers upon the face of the earth. The poor and unfortunate we will always have with us. The price of civilization is great and many fail who try for its best things. At the lower round is the man who *can* not and the man who *will* not. These must have the care of the strong.

Into the Wayside Emergency Hospital come many who are temporarily without the necessities of life and have no means for medical treatment. The great majority of the men are from "back East." As they come into the hospital they find clean beds, well-cooked food, and good medical treatment, and they go out again with a new hope and courage to take up once more life's battle. It is my opinion that nothing but the best should be given to the unfortunate in the world. The poverty of some and the reckless, shameless life of others afford a city no excuse for carelessness and indifference in caring for them when helpless from illness. To give other than the best a city affords is a reflection upon the character and government of the city. It is a principle of the "Wayside" that no sick and afflicted shall be turned away who come seeking help. No questions are asked as to pedigree or cause of poverty and disease. If the ox is in the mire, we pull him out. If the stranger who is sick and weary and hopeless comes our way, we take him in and give him the best we can afford. Many because of this treatment have gone out with a new love for their kind and a desire to make the most of life before them. The strong and rich will take care of themselves. The weak and poor and sinning need the touch of sympathy and help in their emergencies.

It has been my privilege to have known much of hospital work in other cities, and I will say that no hospital in the land is doing more for the poor than the Wayside Emergency Hospital of Seattle.

The care of the poor and the temporarily unfortunate should be given by those who are in nowise connected with the political interests of a city. A wise business policy should be used to carry on the work, but it should always have in it the principles of the Friend of the Homeless and the Sick.

Mrs. Marion Baxter, who is the president and sole executive of the Wayside Emergency Hospital, is well known throughout the United States and Canada as a philanthropic worker, writer, and lecturer. Under her guiding hand the hospital has acquired a solid financial standing, and a great work has been fairly and substantially started. It is believed that through this work similar institutions will be organized for the care of the unfortunate in other cities.

We have eight carefully trained nurses whose training on the old ship has fitted them to compete with nurses of any other institution.

There is a staff also of six physicians, of whom Dr. U. C. Bates is the head, and also a consulting staff of six of the best-known physicians in the city. These doctors receive absolutely no compensation for their labors on the ship.

Should any of the readers of this article find themselves in Seattle, the Queen City of the Northwest, it would be well worth their while to pay the Wayside Emergency Hospital a visit, for it is unique not only in its looks and location, but in the work that it accomplishes and the fact that there is no other institution like it in the world.

TREATMENT OF HEMOPTYSIS.—*American Medicine* says: "Francis Hare (London, England) was led to try inhalation of amyl nitrite in hemoptysis on physiologic grounds. He argued that the known dilative influence of the drug upon the peripheral systemic arterioles would cause fall of blood-pressure in the aorta, left ventricle, left auricle, and ultimately in the pulmonary arterioles. He gives the results obtained in the first nine cases (eight tuberculous, one mitral). Sixteen attacks of hemoptysis were treated by amyl nitrite; in all save one the bleeding ceased in less than three minutes, for the most part instantaneously; in the one exception there was an immediate retardation, but cessation did not occur for ten minutes. The drug does not interfere with cough, hence retention of blood and subsequent septic pneumonia are obviated. The treatment is safe and easily applied by the patient himself."

SCHOLARSHIPS, LOAN FUNDS, TUITION FEES *

BY ANNA L. ALLINE

Superintendent, Course in Hospital Economics, Teachers College, New York

THIS short report gives but a glimpse of a rapidly moving picture, but this one look makes a deep impression, more significant of progress along educational lines than any other single subject before us. The statistics are as follows:

SCHOOLS OF THE FIRST CLASS, TWENTY-FIVE TO FIFTY BEDS.

Papers returned, forty-seven; papers returned blank, sixteen; monthly allowances are given in twenty-eight; uniforms provided in four; text-books provided in two; charge for breakage in seven.

Maintenance reports give a range of one hundred and forty-four dollars to three hundred and twelve dollars. A prize is offered in one school at the end of the course, awarded to the student having the best recitations—amount is twenty-five dollars. One loan fund is mentioned, the amount not stated, the loan to be paid in one year with six per cent. interest. A personal note is required with security.

Tuition fee of eight dollars and fifty cents a month is charged in the Tuskegee school. This, as stated in the report, is worked out and is, of course, in line with their other departments of industrial training.

SCHOOLS OF THE SECOND CLASS, FIFTY TO ONE HUNDRED BEDS.

Papers returned, eighty-two; papers returned blank, nineteen; monthly allowances are given in fifty-five; uniforms supplied in eleven (four of these do not have allowances); text-books supplied in five; charge for breakage in eighteen.

Maintenance stated in eleven reports ranges from one hundred and fifty dollars up to three hundred and sixty-five dollars. Tuition fee charged for massage in one case. No prizes and no loan funds reported. One reports no allowances, but uniforms are supplied, and a certain per cent. of funds received from outside cases.

THIRD CLASS, OVER ONE HUNDRED BEDS.

Papers returned, one hundred and fourteen; papers returned blank, fourteen; monthly allowances in seventy; uniforms supplied in fourteen

* Read at the meeting of Superintendents of Training-Schools held in Washington, D. C., May, 1905.

(six also have an allowance) ; uniform and text-books without allowance in eight ; charge for breakage in eighteen.

Maintenance stated in nineteen reports ranges from one hundred dollars to seven hundred and fifty dollars.

Fellowships are offered in two schools, scholarships in three, loan funds in three, prizes in two.

A number of schools have given such valuable points I wish to quote them quite fully later on. It is quite the custom to have some arrangement by which broken articles can be replaced or paid for. It seems a most business-like way to have a certain fee deposited and statement made of breakage, should there be a surplus the balance to be returned to the student. The sums for allowances vary from two dollars to fifteen dollars, but the general average is about eight dollars. They are graduated for the three years, the lowest made in the first year. They are still called salaries by some and are even so stated in their circulars of information sent out to applicants.

The question of yearly maintenance of the pupil proved to be quite a problem from the varied responses made to it. They range from one hundred dollars to seven hundred and fifty dollars. From four hundred to five hundred dollars would be a fair average of yearly expense, including allowances. It is a question well worth raising in this transition period of standards, for cause and effect must be carefully studied in all these questions of salaried instructors, eight-hour schedule, non-payment system, preparatory schools, tuition fees, and scholarships. The yearly maintenance is certainly a part of it if we make for good business principles.

No allowances, uniforms, or text-books reported in four schools. They are Kings County, Brooklyn ; Illinois Training-School, Chicago, Ill. ; John Sealy Hospital, Galveston, Tex. ; University of Pennsylvania, Philadelphia, Pa. ; Presbyterian, New York, non-payment in 1904, with uniforms and text-books to the preliminary class.

Fee of fifteen dollars deposited for breakage.

Maintenance, four hundred and eighty dollars.

I do not know whether this includes allowances or not, but believe this was calculated before the non-payment plan was established. Loans are made by the superintendent of the school in case of sickness. No note is required.

Lakeside Training-School, Cleveland, O., makes no allowances, charges a tuition fee for preliminary course, and has offered six fifty-dollar prizes annually, since 1898, awarded to best scholarship. It provides loan funds of fifty dollars each, to be paid one year after graduation with four per cent. interest. A personal note is required but no security.

Presbyterian Training-School, Chicago, Ill., requires a tuition fee (twenty-five dollars) for the preliminary course. It makes no allowances and supplies no uniforms nor text-books.

Buffalo General Training-School charges a tuition fee for the three-months' preliminary course. Gives an allowance of one hundred dollars the third year and charges a five-dollar fee for breakage.

Children's Hospital, Boston, Mass., charges a tuition fee for the preliminary course to be paid on entrance. No allowance is made and no uniforms or text-books supplied.

Massachusetts General asks a tuition fee of fifty dollars in advance for the preliminary course. No allowances are given, no uniforms, and no text-books supplied. A fee of ten dollars is charged for breakage. They also offer scholarships for those who need financial aid. I understand that as yet no application has been made for this assistance.

At the Polyclinic Training-School, Philadelphia, Pa., two prizes of fifty dollars each are awarded to the second- and third-year classes respectively for highest rank in scholarship and practical work. Monthly allowances are made, but uniforms and text-books are not supplied.

In the New York Training-School, New York City, no allowances are made, but uniforms, text-books, and stationery are supplied. No tuition required and no fee charged for breakage. The announcement offers the following: Five competitive scholarships of the value of seventy-five dollars each may be awarded in the junior year, five of one hundred dollars each in the intermediate year, and three of one hundred dollars each in the senior year. The scholarships are established primarily for those pupils who are unable from their own resources to meet their personal expenses during the course and whose general record of scholarship and practical work is creditable. Application for these scholarships should be made to the superintendent of the Training-School. Two scholarships of five hundred dollars each have been established for approved candidates for the Superintendents' Course in Hospital Economics at Teachers College, Columbia University. As this course is intended to prepare graduates for institutional positions, these scholarships will be awarded to those pupils who have expressed their intention of entering this field and have attained a high degree of excellence in their work.

At the Johns Hopkins Training-School, Baltimore, Md., the superintendent of the Training-School has a fund at her disposal for loans in case of necessity. Fifty dollars tuition fee is charged in advance for the preparatory course. Uniforms and text-books are supplied and a fee of ten dollars is charged for breakage. Their announcement offers: Eight scholarships, of the value of one hundred dollars each, have been estab-

lished. These scholarships will be awarded in the month of June each year by the authorities of the hospital, at their discretion, to such members of the junior and intermediate classes as have shown exceptional merit and are in need of pecuniary assistance to enable them to continue their studies. A single scholarship of the value of four hundred and eighty dollars has been established, to be awarded at the graduating exercises, at the close of the third year, to the student whose work has been of the highest excellence and who desires to pursue post-graduate study and special work in the school.

Our first consideration is the comparison of the situation as a whole to-day with that of a few years ago. The tendency is on the sliding scale up grade. The allowances have grown smaller all along the line till they have in many instances disappeared altogether, while the uniforms and text-books have been supplied in some, but not all. It is with satisfaction I note the few instances of loan funds. Twenty-five dollars a week looks so much larger to a pupil nurse than it does to a graduate. The accumulation of wealth after graduation is one of the pupil nurse's day-dreams, but in stern reality the first year of private duty in the majority of cases has not been an opportunity to start a bank account. A pupil nurse, handicapped with a debt, I believe cannot do as well as one free from such responsibility, and the first year out of school certainly will have its share of troubles. One loan fund mentioned asks for six per cent. interest—note and security. I think that rate of interest would not appeal very strongly to anyone as being an inducement. Loan funds for such purposes are usually of remarkably low rate of interest. In the Eastern States I believe two per cent. is customary, and a note is all that is required. The Lakeside comes nearer to the customary practice. One report states that the superintendent makes a loan in case of sickness. That makes it a personal matter, which sometimes is the only solution of a problem. The fourth is a fund in the hands of the superintendent to be used when necessary; this is another humane way of getting over a difficulty without making it too general. Loan funds may sometimes be necessary, but must be used with the greatest discretion. It is quite the regular thing to ask a tuition fee for the preliminary course, and this surely will soon be the universal rule as the development of the course extends it from the short period it now has, in too many, to the course of from three to six months. Another promising feature of the upward tendency is the provision for scholarships. The old question of shutting out good material for financial reasons is overcome. It is a common practice in old-established institutions of learning and a most commendable one. The ground principle of it is to assist students of promise who would otherwise be obliged to give up their work.

The awarding of scholarships should be at the discretion of the superintendent of the training-school, in conjunction with a committee appointed by the board, to applicants who give evidence of special fitness. A blank form is furnished the applicant containing the following questions:

1. Name in full.
2. Place and date of birth.
3. Residence—present address if other than above.
4. Date of making this application.
5. High school attended with period of attendance.
6. Normal school or preparatory school attended with period of attendance.
7. College attended with period of attendance.
8. State the amount of work done and time occupied by you in the following subjects: Mathematics, history, geography, anatomy, physiology, biology, bacteriology, physical geography, physics, chemistry (inorganic, organic), English composition, English literature. This list may be changed to meet the requirements as the standards of the schools are raised.
9. State whether you are able to read and write German or French.
10. State your purpose in applying for a scholarship.
11. Give an itemized list of the letters of recommendation you submit in support of your application.

12. Do you pledge yourself to repay to the (name of school) any sum already paid to you on account of your scholarship, should you for any purpose withdraw from the school before the end of your course?

They need not necessarily be awarded to the highest rank of scholarship should that student not be in need of financial aid, but to the highest-grade student who does need the assistance, providing a certain standard of theoretical and practical work satisfactory to the committee is obtained. I believe this has been settled in quite a practical way at the Johns Hopkins. Where scholarships awarded the highest grade of efficiency were not needed the money was refunded and again awarded. I think, however, the practice is for only such applicants to compete as are in need. Another means for reward for greatest efficiency is that of prizes. The Lakeside, Cleveland, and the Polyclinic, Philadelphia, have followed this plan for some time. It certainly is an incentive oftentimes, and that not so much for the value of the prize as the pride in being the successful competitor. The closer the competition, the greater the honor. But the feature which is the crown, the final point, of this movement are the fellowships founded in the Johns Hopkins and the New York Hospitals, to be awarded to those applicants who have

attained the highest degree of excellence and show a decided fitness for undertaking advanced work.

When the other institutions fall in line with the leaders, the proper educational basis will be established, and the history being made to-day will be a chapter in the record of the good fight for our profession.



THE PREVENTION OF PUERPERAL SEPTICÆMIA.—The *New York and Philadelphia Medical Journal*, in an abstract of an article in *The Practitioner*, says: “Berry Hart considers that in this disease the lymphatics are invaded by microbes conveyed on the fingers of the attendant or from the patients’ uncleansed external genitals. Infection may also arise from preëxisting disease in the uterus or its appendages. Preventive measures consist: 1. In avoidance of infection by clean hands with or without gloves. 2. In cleansing the external genitals. 3. In avoiding laceration by skilful conduct during the labor. 4. In avoiding uterine manipulation to separate the placenta, which does not exclude manipulation during hemorrhage. 5. In general hygienic care during pregnancy. A vaginal douche may be given at the end of labor, but subsequently cleansing should be accomplished with cotton moistened in bichloride solution. Puerperal infection is preventable, and should be prevented by conscientious individual effort.”

INTRAVENOUS ADMINISTRATION OF OXYGEN.—The *Journal of the American Medical Association*, in an abstract of a paper in the *Wiener klinische Wochenschrift*, says: “Neudörfer reports from Gersuny’s clinic the revival of an apparently moribund patient by intravenous administration of oxygen. Compression of the air-passages by a cystic goitre complicated with bronchitis and lobular pneumonia caused suffocation, even after tracheotomy. As the attacks of cyanosis and dyspnœa recurred oxygen was injected into a vein, according to Gaertner’s technic. Each time the patient rallied, recovered consciousness, and felt much relieved. There were no further indications of suffocation after the second infusion, but the patient succumbed in a few days to increasing heart weakness and pulmonary œdema. The complete change in the aspect of the apparently moribund subject in a few minutes after the intravenous infusion was most striking. Neudörfer remarks in conclusion that the absolute harmlessness of the method was again demonstrated by this experience.”

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



EYE, EAR, NOSE, AND THROAT NURSING. By A. Edward Davis, A.M., M.D., professor of diseases of the eye in the New York Post-Graduate Medical School and Hospital, and Beaman Douglass, M.D., professor of diseases of the nose and throat in the New York Post-Graduate Medical School and Hospital. With thirty-two illustrations. Pages xvi.—318. Size, five and one-half by seven and seven-eighths inches. Extra cloth. Price, \$1.25 net. Philadelphia: F. A. Davis Company, 1914–16 Cherry Street.

Here is a book which should strengthen the conviction of every doubting nurse as to whether we are indeed making progress as a whole. There is great satisfaction to be derived, incidentally, from the bare fact that two good men and true have constituted themselves collaborators in the production of a book of so imposing dimensions on the special instruction in this especial field of nursing—eye, ear, nose, and throat. This branch of nursing, hitherto much overlooked in our literature, challenges the interest of nurses unfailingly, requiring, as it does, so much of sympathy and tact, such delicate handling, such fine touch, and such untiring patience. It is, however, a very practical view of the subject that the writers give us—exceedingly plain and simple direction “for the intelligent care and nursing of the various diseases of the eye, ear, nose, and throat, and to instruct the nurse as to her exact duties during and following operations upon these organs.” It is a matter for congratulation to find the literature of the nursing profession increasing in kind and quantity, and there is no room for doubting in this case the book is a distinct acquisition. We have from time to time deplored the sins of omission of the so-called “hand-books of nursing of ancient renown. We recommend this book as a contrast to those. We have groaned, none too gently, at the multiplication of books on nursing worthless to nurses, and at the reproduction of worn-out old books, which had long outlived their day and generation; but, after all, why need we vex ourselves? new and good books are increasing, and it is as one of these last that we welcome the work of Messrs. Davis and Douglass.

HELPS AND HINTS IN NURSING. By T. Quintin Griffith, M.D., Ph.D.
Philadelphia: John C. Winston Co.

This book, which is addressed to the public and not to nurses, is designed to take the place of the old-time book of medicine found in every house, usually under the title "Family Practice." It is a sort of old style adapted to meet new fashions, and bears about the same relation to the old book that the present revival does to the 1830 styles in dresses. In these days of many doctors one wonders whether there is any demand for a book of this kind.

IN WATCHINGS OFTEN. ADDRESSES TO NURSES AND OTHERS. By the Rev. E. E. Holmes, honorary canon of Christ Church, vicar of Sonning, Berks. With a preface by the Right Rev. Bishop of Lincoln. London: Longmans, Green & Co.

We do well to remember that we must be constantly growing, constantly developing, and unless we grow proportionately, develop on all sides, we must become deformed, twisted, or wanting in some essential part. As a help to the spiritual side of our lives this little volume is intended. The book is a reprint of addresses given at the annual retreats for the members of the Guild of St. Barnabas. Written for our English sisters, it is none the less applicable to our own needs, and we earnestly recommend it to the nurses in America, many of whom will find in it a treasury of counsel and of consolation.

A NURSES' GUIDE FOR THE OPERATING-ROOM. By Nicholas Senn, M.D., Ph.D., LL.D., M.C. Second edition. Chicago: W. T. Keener & Co.

Old friends will gladly welcome the second edition of Dr. Senn's already well-known and deservedly popular "Guide for the Operating-Room." The new book comes to us enlarged and much improved and with many new illustrations.



ENEMATA OF OXYGEN GAS.—The *Journal of the American Medical Association*, quoting from the *Chicago Medical Recorder*, says: "Burwash has made use of enemata of oxygen gas in the treatment of acute respiratory disease, particularly pneumonia. He says that the introduction of a large quantity of oxygen gas into the intestinal canal not only neutralizes and deodorizes the noxious gases that frequently are found there, but also introduces oxygen through the portal system to the liver, and the already overcharged lungs are assisted in their function of aeration of the blood by this reinforcement."

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



DIGESTIVE AND OTHER ACTIONS OF FRUITS.—The *Journal of the American Medical Association* in a synopsis of a paper in the *Lancet* says: "In this article Sharp shows that many common fruits contain ferments which play the part of papain and bromelin (ferment of pineapple), and that they can digest both egg and serum albumin to some limited extent. The fruits experimented with were strawberries, cherries, oranges, pears, and apples. To obtain most benefit from the succulent fruits they should be eaten at the end of the chief meal. Stewed fruit, as a stimulant to the lethargic gut in constipation, should be eaten half an hour before breakfast. Oranges, if peeled and cut into thin slices and with castor sugar strewn over them, are highly efficacious as an aid to digestion. Grapes should only be eaten at the end of the chief meal of the day."

SALT SOLUTION AS A CATHARTIC.—Dr. J. J. Leiser in *American Medicine* recommends a teaspoonful of salt in a pint of water just hot enough to drink rapidly as a satisfactory evacuant for chronic constipation. It should be taken on an empty stomach half an hour before eating. The person should walk about after taking it. It empties the bowels without cramp or pain in several loose, watery movements.

DIARRHŒA IN INFANTS.—Dr. E. Mather Sill in the *New York Medical Journal* in an excellent paper bases his observations on five thousand cases in private and dispensary practice. The salient points are: 1. Absolute rest for the inflamed mucous membrane of the stomach and intestines, attained by stopping all food and giving nothing but water. 2. By eliminating the cause, namely, a foreign substance which is causing irritation, as fermenting or indigestible food, this being done by the use of castor-oil or calomel. 3. Success lies in the mode of gradually increasing the strength and quality of milk, beginning in all cases, irrespective of the age up to a year, with a very weak cream mixture.

A NEW ANÆSTHETIC.—The *Medical Record* in an editorial says that Terrier, of Paris, following Schneiderlin, describes what is claimed to

be a new anæsthetic, said when used hypodermically to produce complete insensibility lasting from nine to ten hours. The patient awakens as from a natural sleep, not knowing he has been operated upon. It is said he can be aroused by shaking or loud calling, but pinching and pricking have no effect. There is no nausea, vomiting, or distressing headache. This anæsthetic is scopolamine, an alkaloid obtained from *scopola japonica*, one of the family from which atropine is obtained. It has been used for some years as a powerful mydriatic and sedative. As an anæsthetic it is combined with morphia and given in three separate hypodermic injections. One milligramme of scopolamine and one centigramme of morphine in a cubic centimetre is given four hours before the operation, another two hours before, and a third one hour before. There is at times profuse perspiration.

GANGRENE FROM CARBOLIC ACID.—The *New York Medical Journal*, quoting from *Presse Medicale*, says: "Cotte reports the case of a young woman, eighteen years old, who applied pure carbolic acid to a slight wound of the finger. Four days later the skin of the finger was black and a physician made the diagnosis of gangrene from carbolic acid. The finger was amputated thirteen days after the application."

GOAT'S MILK FOR BABIES.—The *Journal of the American Medical Association* in an abstract of an article in the *Intercolonial Medical Journal of Australasia* says: "Wood refers to the difficulty in all large cities of obtaining fresh milk for infants and advises the use of goat's milk for bottle-fed infants. He states that a number of infants under his care have been fed through the whole summer on pure goat's milk and have never had diarrhœa. He says that the mother of one of the children reported that the child digested the milk without the least sign of flatulency when it was given warm from the goat, while the digestion was not so easy if the milk had stood for some hours. He says that most children can digest goat's milk undiluted, and that while taking it they gain in weight and development. He calls attention to the custom in Switzerland and in some parts in Italy of shaving the udders and allowing the babies to nurse directly from the goat."

SUBSTITUTE FEEDING IN INFANTS.—The *Journal of the American Medical Association*, quoting from the *British Medical Journal*, says: "Sanderson-Wells concludes that all proprietary foods are bad because, (1) they are all deficient in fat, one of the most essential elements of an infant's food; (2) they are not antiscorbutic; (3) they contain as a class

too much sugar; (4) they mostly contain foreign elements: starch, maltose, cane sugar, etc. Wet-nursing, he declares, is seldom or never justifiable on the following grounds: 1. It is inaccurate. The milk of one mother does not necessarily suit the child of another, and although analysis is possible, it is almost impracticable, and we have little chance of modifying the supply to suit our requirements. 2. It is inconvenient, upsets the house. Domestic difficulties are great and misconduct frequent. 3. No examination, however careful and thorough, will exclude the presence of syphilis in a woman. In preparing cow's milk for the use of the infant, careful attention must be given to having the various constituents in as nearly the same proportion as they are found in mother's milk. Lactose is the proper sugar to use. The milk must be absolutely sterile, and this is best attained by pasteurization at 70° C. for thirty minutes."

SCHLEY'S TREATMENT OF ULCERATING SURFACES.—The *New York Medical Journal*, quoting from an Italian journal, says: "The method consists in sprinkling an abundant quantity of finely pulverized boric acid upon the granulating surface, covering with a layer of rubber tissue extending from two to five inches beyond the border of the ulcer, and fixing with strips of plaster. Over this is applied a layer of cotton, covering the waterproof layer, and the whole is covered with a fixation bandage. The dressing is renewed every five days, or even once a week."

A CLINICAL CHART FOR THE RECORD OF PATIENTS IN A SMALL HOSPITAL.—The *Medical Record* in a report of the meeting of the American Medical Association says: "Dr. George F. Wilson, of Portland, Ore., claimed that much scientific work is done in a great many hospitals throughout our country which is lost on account of a lack of clerical help and the exacting duties of the resident staff in other directions. He presented a chart for criticism and suggestions which, preserved in its original form, included all necessary data, avoided the copying of histories, and when filed away or bound with a proper index, both of the patient and the disease, preserved all in a manner readily accessible and did away with much clerical work in the way of repetitions."

EGGS IN DIET OF THE SICK.—The *Journal of the American Medical Association* in an abstract of a paper in *Presse Medicale* says: "Martinet declares that the cook is as important an auxiliary as the pharmacist for the physician, and that an annotated cookbook should be found in every physician's library. He gives a number of recipes for various egg dishes,

with their calories, mentioning a number of points that should be observed, but of which the average cook is ignorant. For instance, if omelets, custards, and such dishes are cooked until the albumin is entirely coagulated, their digestibility is not that of a soft-boiled but of a hard-boiled egg. The addition of butter, etc., also reduces their digestibility. He says that the Italian *zabaglione*, well made, represents about eight hundred calories and can be taken by the most delicate stomachs. He gives the directions for it and also for 'egg beer,' which represents two hundred and forty calories. The yolk of egg in bouillon he regards as the best dish for the convalescent. The yolk of egg in two hundred grammes of milk represents one hundred and eighty-five calories, with about eleven grammes of albumin, 12.5 grammes of fat, and nine grammes of carbohydrates. The proportion of fat is too high in comparison with the carbohydrates. This can be partially corrected by adding fifteen grammes of sugar and a pinch of salt."

RECTAL ALIMENTATION.—Dr. William Henry Porter, of New York, in an interesting paper on this subject in *American Medicine* thus sums up his conclusions: "Rectal alimentation, from the limited amount of food that can be utilized in this manner, is at best a very poor substitute for the natural method of feeding. It does in a measure relieve the pangs of thirst and hunger that of necessity follow the slow process of starvation which occurs when the stomach and small intestines are thrown out of commission. So far as my personal experience has gone, rectal alimentation has proved most unsatisfactory. I have tried all forms of substances, predigested and otherwise, for rectal alimentation, with but one result, namely, progressive starvation without the more intensely distressing symptoms."

THE TREATMENT OF ATROPHIC RHINITIS.—*American Medicine*, in a synopsis of a paper in *Therapeutische Monatshefte*, says: "After trying many treatments for a crusted and dried nose, Volland settled upon the following procedure as the best: He treats the interior of the nose by means of ointment. A straightened hairpin is wound with cotton to the bend, and this saturated with fresh zinc vaselin; the nasal interior is then massaged with this in all directions. This treatment is repeated every two or three days, and almost at once the patient's sleep improves, tendency to bleeding diminishes, and he is able to breathe through his nose. A complete cure is possible. He has also employed it with considerable success in the rhinitis of tuberculous patients, in ozena, and in cases that required gradual dilatation of the lower nasal passages."



SISTER AGNES KARLL

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



THE PROGRESS OF GERMAN NURSES

THE photograph of Sister Agnes Karll, president of the German Nurses' Organization, which appears with this article, shows a woman of rare capacity and character, whose practical ability, intellectual force, and broad, liberal, clear-sighted judgment would make her a power in any circle, so that it may well be a matter of deep satisfaction to nurses, and especially the nurses of Germany, to know that she belongs to them and that her whole soul is thrown unreservedly into the active struggle of upbuilding and self-development which is taking place in the nursing profession in many countries and with special earnestness in Germany.

For the study of the development of nursing and of the forms under which nurses are organized and trained Germany is the most instructive and interesting country in the world, because there one can see a whole series of evolutions by which, step by step, the changes have been made between the nursing orders of nuns and the modern trained nurse. There are the deaconess institutions, and the Red Cross training-schools, and the Victoria House and Eppendorf, and the Diakonie-Verein, and now the new public hospitals, and, finally, the organization of which Sister Karll is the head, each of which marks a fresh stage, not only as to the personal liberty of the nurse, but also in her general training and preparation for self-support. As I am sure many American nurses do not know the general plan of German nursing life, I think it can perhaps be made clearer by an illustration.

Let us suppose we had the general system of Germany at home, and we will take the Presbyterian Hospital and Miss Maxwell for our illustration. It would be like this: At the time when the hospital was built the directors and medical staff and Miss Maxwell would have agreed to have a nursing association, of which they would be the officers. Then, as probationers came, Miss Maxwell would say to them, "At the end of your training you can, if you wish, leave us and work for yourselves. But it will be much more advantageous for you to join our association and be one of our sisters (nurses), because then you will always have your home here, or at least your headquarters, and we will give you your

living and a salary and send you either to private duty or district nursing or hospital work. If you work independently, you can never get good hospital positions or army nursing work, because such calls never go to private independent nurses, they always come to associations. Then after you have worked for us for a certain number of years if you lose your health we will take care of you, or if you keep well we will help you to an old-age pension or give you a home in our own quarters. But if you leave us before this certain number of years, then you lose all claim on us and cease to be one of our nurses."

If the probationers accept this offer, that is, of course roughly outlined, what is meant in Germany by belonging to a nursing association. It is very different from belonging to an association in America, which means an *alumnæ* or a county or a State society. The only thing in Germany which is like our own societies is the German Nurses' Organization, which is similar to one of our State societies having individual membership, as nurses from the entire State (Empire) are eligible to join it. As to what we call *alumnæ* associations and the English nurses call leagues, there is no such thing existing in Germany.

The various changes by which the different nursing associations have been marked are most interesting. Each new one was a little less narrow and rigid than the last. We know how strict the life of the religious sister is. The deaconess was a great step towards modern freedom. She could marry at any time, and if she had money of her own, she kept it in her own control, and though she was consecrated by a church ceremony she took no vows, but only made renewable promises.

The Catholic clergy thought the deaconess movement quite revolutionary and disapproved highly of it, just as the Lutheran pastors in their turn disapprove of all modern secular training.

There was a great deal that was very sweet in the early deaconess movement. It was founded on the family idea—the Oberin (matron or head of nurses) was the mother, the pastor was the father, and the deaconesses were the children. The great word used to impress and influence the deaconess was *humility*, and a pet phrase of the old pastors was "self-sacrificing love." If I have read these words once in the annals and reports I am sure I have read them five thousand times. The hardships, overwork, long hours and loss of sleep, and complete deprivation of all intellectual and social pleasures were extreme in the deaconess orders, and these words were continually used to keep them from thinking. No reading was permitted save that of religious books, and, in a word, freedom of thought was not permitted. This I have been told by many nurses. It is also quite evident from the books, reports, and articles by pastors which I have read.

The deaconess houses are very conscientious in the care of their old sisters, but their treatment of young sisters seems to me often shocking. For instance, a German nurse told me that she had been taken into a deaconess house at fifteen years of age, and at sixteen she was on night duty and was sent out to emergency cases. Of twelve other young girls of her own age who entered at about the same time she is the only one who (she is now twenty-six) retains her health enough to work. Probationers so young as this are not uncommon in deaconess institutions. When the time comes for consecrating them (at twenty-two) they are very often deemed unsuited, or feel themselves unwilling to bind themselves, and they are then turned quite adrift, and as many of them have been taken from simple country homes, even peasant homes, they have often drifted into big cities quite without any knowledge of how to provide for themselves or protect themselves. Another thing that is hard is that older women, after giving their labor through the four or five years required before finally joining, are then sometimes turned off on grounds of unsuitability, but really because the institution finds it probable that they will soon be invalided and become a charge. This from their standpoint is reasonable enough, but hard on the woman, for up to a few years ago it was almost impossible for a nurse to take up independent work as we do in America on account of social prejudices and customs.

Next, as a result of wars, the Red Cross movement spread over Germany, and, taken as a whole, marked a notable advance in the progress of women, for fully nine-tenths of all its work was done by women, and they assumed responsible public duties in the establishment of hospitals and training-schools. Many such institutions were founded, the money raised, and the administration carried on by women's societies, and with the Oberin or matron as chief executive officer. The extreme religious limitations disappeared, and a more liberal atmosphere prevailed, allowing greater development for personal characteristics. The weak points of this fresh advance were that the necessity of earning money by the services of the pupils prevented improvement in the course of study and training, and also that money reasons made it quite impossible for these societies to undertake the care in old age of as many nurses as their responsibility to the public and to the government (for war time) made it necessary for them to have.

While this made it hard for individual nurses, it really hastened the day when public opinion was ready to agree that the nurse had a right to a life of her own and to the money that she earned.

Nurses left the Red Cross service in large numbers to work independently at private duty, and newer nursing associations, such as the

Eppendorf-Hamburg and Victoria House, made much more liberal provision for their members than anything previously.

A still newer association, the Diakonie-Verein, although requiring its members to be of the Protestant religion, declares principles of great liberality in all directions, and specially emphasizes the necessity of economic and personal freedom. In some of its details it seems almost like a coöperation.

L. L. Dock.

(To be continued.)

CONTINUOUS IRRIGATION OF THE TISSUES

At St. Bartholomew's Hospital I learned of a very interesting and, to me, new treatment—namely, irrigation of the tissues by continuous infusion of normal salt solution. It is used in various conditions. One case which Miss Stewart described to me was that of a nurse who, as the result of an acute inflammation, showed grave symptoms of septicæmia of so overpowering a nature that her family were telegraphed for. She received the continuous salt-solution infusion for something over twelve hours with wonderful results of rapid improvement. The head sister of a surgical ward told me she had also had patients who had had it for twelve hours continuously. The details of the nursing care are as follows: The solution is poured into an open-mouthed sterile flask, because two needles are used, and the tubes to which they are attached are fastened to glass pipettes held by a cross-piece to the flask. The flask of solution stands in a water-bath placed over a spirit-lamp on the bedside table at such a height that the water-bath remains at a temperature of 120°. A thermometer in the flask records the degree of heat. This degree is maintained because the tubing is very long and slender and the physicians calculated that the solution would be just the right temperature on entering the tissues. The needles are inserted in the thighs, one on each side. The nurse must keep the flask filled with solution, must watch the needles that nothing happens to them, and must do the necessary things for the patient without disturbing them. Should the flow be too rapid, it is checked by pinching the tubes with fine clamps. In twelve hours' time about eleven pints of fluid are infused. The patient, of course, passes a large quantity of urine, and the tissues are completely washed out. The management of the patient without disturbing the needles is a delicate and skilful little bit of nursing care and handling.



LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: May I very respectfully suggest to you that your AMERICAN JOURNAL OF NURSING contribute more information on the subject of disease (old and new) and its treatment (past and present) instead of giving the movements of nurses and their opinions on unimportant subjects.

The personal element that enters so strongly into the magazine is a marked example of the trouble under discussion at present of why the doctors prefer the services of the trained attendant to those of the trained nurse. The egotism of the trained nurse has become a byword. People bristle at her name and shudder at her approach. I will quote one or two passages from a review in the June number of the *British Medical Journal* of Dr. Osler's book of addresses to medical students and nurses: "Professor Osler gives proof of his courage by venturing to give advice to the trained nurse. Setting out with the question: 'Is she an added blessing or an added horror in our beginning civilization?' he replies that she 'is a blessing, with, of course, certain limitations.' One of these is what Sir Thomas Browne calls 'the virtue of taciturnity.' In another direction the limitations of the nurse are more serious: 'With the fullest kind of training,' Dr. Osler says to nurses, 'you cannot escape from the perils of half-knowledge, of pseudo-science—that most fatal and common of all mental states.'"

Is it not a pity that we lay ourselves open to criticism of this sort? Many of us think so. And all this hysteria over State registration has certainly not helped us. I wonder what Florence Nightingale would have thought of it all? What does nursing imply—trained or untrained? Complete self-effacement, obedience to orders, gentleness and unselfishness. Through the kindness of a doctor I have the privilege of seeing most of the medical journals. They deal altogether with diseases and their treatment; with the newest scientific discoveries, both surgical and medical; with special cases of deep interest. You cannot look over one for five minutes without learning something. What do we learn from our nursing journals? Nothing, practically. What we want is a journal of *practical* nursing, the contributions to be from nurses attending cases of interest to us all, with notes on the treatment and

results. Notes and contributions from the different training-schools on their *work* and methods would be of great value to us. At present the JOURNAL is merely a medium for argument and self-glorification! Surely many of us must encounter the unusual in the variety of cases we attend, from which we could all learn something!

TRAINED NURSE.

[This "Trained Nurse" represents exactly our ideal of the "type" of woman in nursing who makes people "bristle" and "shudder." She has had that effect upon us. She doubtless commands twenty-five dollars per week for her services and can follow blindly the doctor's orders in the care of a "case," but she is strangely ignorant of the influences that are giving to her work the character of a profession, and when she presumes to sit in judgment upon the great nursing body in the matter of State registration she displays a degree of "egotism" to which we are quite unaccustomed. She has failed to reply to our letter asking the name of the school from which she graduated, which leads us to suspect that she may not have a diploma, but we recognize her letter because she represents a "type" fast becoming extinct, we are thankful to say, but which will have to be reckoned with until the kindly hand of time and improved standards of education has effaced it.

We think this "Trained Nurse" has a wrong conception of what a nursing journal should be. She seems to think that such journals, when owned, edited, and managed by nurses, should contain medical articles written by nurses. Such contributions written by nurses are rarely given space in a good nursing journal, nor are nursing papers written by doctors often published in such journals. Disease and its treatment is a purely medical subject, and such information should be obtained from medical magazines. The nursing of disease is a nursing subject, and can be best described by nurses who are actually engaged in the practical work. We are fully aware that this JOURNAL lacks in some degree papers written by nurses in practical work. We have been for five years endeavoring to stimulate nurses to express themselves through our pages, that all may profit by the experience of the individual, but we have come to realize that such expression is the result of professional growth, and that development is, and perhaps must be, slow along these lines. We are inclined to believe that when nurses have conducted their own professional magazines for as many years as the medical profession has been doing that they will express themselves quite as well, and then it may be fairly just to compare the magazines of the two professions.

However, we do not recognize this "Trained Nurse" as a regular contributor to this or any other nursing magazine. We really would like to know what she has ever done for her profession that gives her the right of criticism. Our pages are open to her and stand waiting to "learn something" from her experience.—ED.]

DEAR EDITOR: I find many things of much help and interest to the active, busy nurse in the JOURNAL, but so far no one seems to have planned for the time when we, like the rest of the human world, will be old and helpless, a stage we of all people reach rather early along life's short journey, as our work is of a kind that taxes body and soul.

The question, and rather a large one it seems to me, is, what is to become of the old, helpless body of nurses? Go home to families or friends that have had but little or none of the life we have devoted to work, but not to them, for the average nurse's family needs must get someone else to care for them when sick? A nurse's life or time is never her own; when young and able to work, all well and good; but as a rule she is not a good financier, therefore her bank account rarely reaches the fifth figure. When she grows old and helpless she has always been so independent that when the time comes that she is dependent she must feel it very keenly, so in the face of these facts why not have a home to go to that she has helped to build for herself in the years of her busy young life?

It seems that this ought to be an easy matter. We surely have nurses enough in the States to club together and furnish homes for our old age. I am certain this can be accomplished.

Perhaps there have not been enough old nurses in the rank and file as yet to feel the need of this, but the time must come when the need will force itself home to us. It was brought home to me rather vividly here last June in the sudden death of an American nurse who had been here some time. A doctor in speaking to me of the case said, "Well, poor Miss B. is gone, and under the circumstances I deem it fortunate for her. Here she was, a woman forty-seven years old and only seven pounds (about thirty-five dollars) in the bank, not enough to even bury her, and she has been busy here for twelve years. What would have become of her had she lived past the time when she could have worked? and she was rapidly nearing that point." What, indeed? and what is to become of many of us, unless we furnish a retreat somewhere for our old age? Can't some of my sister nurses who know much more about this sort of thing than I do help out with some of their good, common-sense views on the subject. We seem to be about the only body of people who have not looked ahead in this way. The churches have homes for those who work for them, Uncle Sam takes care of his old and helpless, and even the theatre folk have thought of the fact that there comes a time when they must retire, so surely we who pride ourselves on our up-to-dateness ought not to be outdone in this.

Possibly this ground has all been gone over before. If so, I can only excuse myself on the ground that I have never seen it mentioned, but as I have only taken the *JOURNAL* this year, that may account for my lack of knowledge. If it has not already been gone over I hope to see something in the *JOURNAL* about it.

By the way, I wonder if any number of it goes farther from home than my own? It comes here to me and I send it to a nurse in Finland,

who has charge of a general hospital there of a hundred beds. The JOURNAL is the only English print she ever sees there. She has charge of the hospital from which she graduated some years ago.

Dear Editor, I beg your pardon for sending so long and I fear stupid letter to you, but I feel the cause is a just one, and while the dear JOURNAL is so busy with all that pertains to our welfare, I trust it can spare a little space for this idea of a nurses' retreat in the not far future.

I have followed you all so closely these last three months. What a busy time, as well as pleasant one, you are all having. I am exiled out here in mid-ocean, away from you all, and I miss you so much, with no other American nurse here. I have been here since January, 1904, and do not know when I shall get back to God's own dear country. Have been on one case fifteen months.

Wishing the JOURNAL all sorts of good fortune in its helpful mission through the world, very sincerely yours,

(MRS.) KATHARINE L. WARD.

BERMUDA, September 3, 1905.

[Mrs. Ward's letter is in pleasant contrast to that of the "A Trained Nurse," and she introduces a subject that needs the serious consideration of all nurses. There is no question but that many nurses are bad business managers. They earn their money easily and spend it freely for themselves and others, seemingly giving little thought to the future. Isn't it time, as Mrs. Ward suggests, that some plan for those helpless in old age be considered?—Ed.]

DEAR EDITOR: I have been wondering how many nurses know of the "Housatonic Home," Shelton, Conn., and, knowing of it, would be willing to band together and provide the money to prevent its being sold next fall (three thousand five hundred dollars is the sum required).

"The Home" is an old farmhouse, the main part about one hundred and seventy-five years old. There are nineteen rooms in it, and the sitting-room has an immense old fireplace (which makes it very attractive, especially on cool mornings and evenings when there is a fire in it).

There are thirty-five acres of land belonging to it. It is situated in a very picturesque part of Connecticut, about two miles from Shelton, nine from New Haven, and twelve from Bridgeport. It is easy to reach from New York, and during the summer months the sail from there to Bridgeport is delightful. The trolley-ride from Bridgeport to the home along the banks of the Housatonic River is delightful indeed. There is a walk of about five minutes from the trolley to the house.

Four years ago this home and the land surrounding (thirty-five acres) were given to the New York Branch of the Guild of St. Barnabas.

Since then it has proved a great boon to those who have cared to spend their vacations there; especially has it been of great benefit to pupil nurses and to those who hold institution positions, as the cost of reaching it from New York is small, and it is an ideal resting-place.

Although the matron (a graduate nurse) has done everything in her power to make it agreeable and attractive to those staying there, and has often done all the work totally without help (through lack of funds), she has only been able to pay running expenses and keep it out of debt.

With two or three exceptions the members of the guild, to whom the home belongs, take no interest in it and have decided to sell it this coming fall.

The house needs repairing badly and the land needs fertilizing.

It seems to me (and I have spent many weeks there at different times) that if every nurse (in this part of the country at least) would subscribe a small sum they might buy it, and by pledging a small amount annually and keeping their pledge they could own and keep in repair a valuable piece of property where members of the profession could rest when nervous and tired, and also that in time there would be some income from it.

ANNIE REA,

Graduate of the Liverpool Nurses' Training-School, Liverpool, England
(Hospital), Liverpool Royal Infirmary.

[This letter, coming at a time when the question of a home for aged nurses has been raised, makes it seem an easy matter for the guild nurses to hold this property if they so desire, if for no other purpose than to provide a refuge for members who may reach old age without means of support. Here is an opportunity to exercise good business management. Secure the property and put it on a paying basis, at least for a time.—ED.]

DEAR EDITOR: In the July number there was a letter the trend of which was the disloyalty of the nurses to the physicians and the failure of the trained nurses to guard family secrets which come to their knowledge. This knowledge comes to them not because of curiosity, but many times because the patient or patient's relatives tell them, and unlock the door of the closet, exposing to view the hideous skeleton. Then the nurse (it is a rare exception that she does not) turns the key and never discloses what she has seen or heard. Many times the patient has carried a heavy burden. For years the heart has ached and the longing for a sympathizing listener who would hold the confidence as sacred as a priest would a confession has been great, and when the trained nurse comes to the home to minister to her suffering, that patient looks into her face, and in that face she reads, "Yes, I can trust her," and so

the whole life is laid bare, and the sin, the sorrow, the struggles, the victories, the defeats, we know them all. And again I say, it is a rare exception that these confidences are betrayed. We guard them as we would guard our own.

And in regard to our loyalty to the doctor: As a class we are loyal to the physician from the beginning to the end. I have listened to many addresses on the subject of the duties of the nurse to the physician, and that the nurse should be absolutely loyal to the doctor was emphasized again and again. It has been hammered into us until there is no possibility of our forgetting our duty in that respect. I think I would enjoy reading an article or listening to a speech the subject of which would be the loyalty of the physician to the nurse. There is too much said and written on one side and too little on the other.

The writer of the article to which I refer also spoke of the large number of inferior women in our ranks. Not only myself, but many others, resent this imputation. That there are a number of inferior women in our ranks cannot be denied, but when we think of the large number of nurses, those who are not a credit to their profession are very few—as few if not fewer than in any other body of workingwomen. And in no other profession do we find women of more beautiful characters than in our own ranks. We are too prone to think because another person's nature does not chime with ours that they are inferior, when it is only a question of incompatibility and not of inferiority. I am proud of my profession, and proud to be one of a large number whose work is the alleviating of suffering. Sincerely yours,

HARRIET E. SIGSBEE,
Salida, Col.

[We are quite of the opinion that if all nurses were to tell all they know about all doctors and all patients there would be strange happenings in many places. We agree with the writer that it is the few among nurses who are disloyal to their trusts, not the many.—ED.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



BROMIDES IN EPILEPSY.—Dr. Frederick Peterson in *American Medicine* asserts his belief that a great many more epileptics have been injured than have been benefited by bromides. A regulated diet and outdoor exercise will improve one-half of all cases. About ten per cent. can be cured by proper treatment. If the bromides are used, small doses should be given.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

STATE MEETINGS

INDIANA.—The third annual convention of the Indiana State Nurses' Association was held in Indianapolis on September 11 and 12. The annual meeting is held each year during State Fair week, as there are reduced rates on all railroads. The meeting was called to order at eleven o'clock by the president, Mrs. E. G. Fournier. Invocation by the Rev. T. J. Villers. The welcome address was made by Mayor Holtzman, the response by Miss Hicks, of Fort Wayne. Mrs. May Wright Sewall, honorary president of the International Council of Women, gave an address on "The Modern Nurse and Her Relation to Life." The afternoon session was devoted to routine business and reports of societies. The reports read from local societies showed a gain in interest and organization since last meeting. Some societies have a regular course of study, others arrange clinics in surgery for their members, while some have programmes, where the nurses read papers or have addresses on interesting subjects by the medical profession. Reports were made by the delegates, Miss Grant and Miss Sollers, to the convention at Washington, D. C. On Monday evening the City Hospital Alumnae Society gave a reception at the City Hospital, celebrating their twenty-first anniversary. At this reception Dr. W. N. Wishard gave a very interesting address on the organization of the Training-School, the second one organized west of the Allegheny Mountains. The third session was devoted to election of officers and the reading of papers, "The Nursing of Nervous and Mental Diseases," by Miss E. M. Baker; "Pulmonary Tuberculosis," Miss K. McManus; "The Organization and Progress of Training-Schools in America," by Miss E. Stevenson; "Obstetrical Nursing," Miss L. Partch. In the afternoon of the 12th the nurses visited the laboratories of Eli Lilly & Co., following this a trolley-ride. On Wednesday, September 13, the nurses visited the Indianapolis Crematory. They then divided, part going to a surgical clinic by Dr. L. H. Dunning at Deaconess Hospital and those interested in electro-therapeutics to Dr. W. B. Fletcher's sanatorium. The semi-annual meeting will be held at Lafayette next spring. Officers elected: President, Mrs. E. G. Fournier, superintendent of the Training-School of the Hope Hospital, Fort Wayne, Ind.; first vice-president, Miss Edna Humphrey, Crawfordsville; second vice-president, Miss Clara A. Carr, superintendent of the Training-School of the Epworth Hospital, South Bend; secretary, Miss F. M. Grant, superintendent of the Training-School of the City Hospital, Indianapolis, Ind.; treasurer, Miss Anna Reim, Indianapolis; chairmen of Standing Committees: Credentials—Miss Minnie L. Prang, Indianapolis; By-Laws—Miss Iizzobeth Heffner, La Fayette; Publication—Mrs. N. H. Kipp, Indianapolis; Arrangements—Miss Mary B. Sollers, superintendent of the Training-School of the Home Hospital, Lafayette, Ind. A Nominating Committee of three was elected: Chairman, Dr. Maude W. McConnell, Indianapolis; Miss Lena Weaver, Fort Wayne, Ind.; Miss Minnie Moore, Lafayette.

CONNECTICUT.—The Graduate Nurses' Association of Connecticut held a regular quarterly meeting in New London on September 6, Mrs. Mary T. Fuller in the chair. The meeting was opened with prayer by Rev. J. Romaine Danforth. Then followed a piano solo, prettily rendered by little Miss Madeline Damer. Dr. F. N. Bramen, dean of the New London Memorial Hospital, made an address of welcome to the nurses, in which he said that they had selected a day almost sacred to New London, it being the anniversary of its burning by the English in 1777. He called their attention to Nathan Hale's School, the Old Mill, and several other places in the old town that are of interest to Connecticut people generally. Dr. Danforth gave a very interesting talk on "Things that are Worth While Doing," which seemed especially appropriate to nurses with their varied experiences. The business of the association was then taken up, the principal matter in discussion being the revision of the by-laws. When the meeting adjourned the members were taken for a trolley-ride through the pretty town and out to "White Beach," where they had a picnic in the shape of a basket lunch. The Executive Board had its meeting at the beach, and then the association visited the Memorial Hospital, which has an ideal situation on a hill, not far from the beach. The meeting was well attended, and was satisfactory in every way.

JEANNIE M. CAMPBELL, Corresponding Secretary.

MARYLAND.—The Maryland State Board of Examiners of Nurses reports three hundred and nine application papers sent out, upon request, and one hundred and thirty-seven of these have been filled out and returned. Seventy-nine nurses have been registered and twenty are waiting for further investigation. Thirty-eight applications have been received since the last meeting of the board. The board cautions the nurses to read their papers very carefully before returning them to the secretary, making sure that all of the questions are answered, and answered correctly, as omissions and errors cause delays. The board realizes that in a State where registration is as new as it is in Maryland, it is not always possible to find a nurse already registered who can sign as a voucher, but when unknown nurses—possibly from unknown and distant schools—sign the certificate it is necessary to investigate both school and voucher as well as the applicant. This makes the problem more difficult and adds greatly to the time required before the nurse can be registered. Attention is called to the fact that the months are slipping by in which it is possible for nurses, eligible for registration in the State of Maryland, to register without examinations. Only eight months remain before June 1, 1906.

MARY CARY PACKARD, Secretary.

NEW YORK STATE SEMI-ANNUAL MEETING.—The semi-annual meeting of the New York State Nurses' Association will be held at Niagara Falls on Tuesday and Wednesday, October 17 and 18, 1905. The headquarters will be at the new annex of the Temperance Hotel, and business meetings will be held at Convention Hall in the National Food Company Building, beginning at ten A.M. and two P.M.

FRIDA L. HARTMAN, Secretary,

82 East Eighty-first Street, New York City.

OHIO.—The annual meeting of the Ohio State Association of Nurses will be held in Cleveland, O., on Tuesday, October 17 and 18. All graduate nurses are invited to attend the meetings.

ELIZABETH M. HARTSOCK, Secretary.

REGULAR MEETINGS

MINNEAPOLIS.—The annual meeting of the Hennepin County Graduate Nurses' Association was held at the Nurses' Club, 1502 Third Avenue S., Thursday afternoon, September 14, at three o'clock. Twenty-five members were present and much enthusiasm manifested. The secretary reported a membership of one hundred and twenty-three on the roll. Seven resigned, one died, and nine were dropped from the roll for non-payment during the past year. The treasurer shows a balance of forty-one dollars and five cents in the treasury. In the educational line considerable has been accomplished. Subjects pertaining to the elevation and progress of nursing are discussed at all monthly meetings. The registry in charge of Dr. Marion A. Mead has been a decided success. During the past six months more than five hundred calls for nurses have been received in and out of the city. Rising votes of thanks were tendered Dr. Mead, the registrar, and Miss Bertha Erdmann, the retiring president, for their faithful work. The officers for the coming year are: President, Miss Edith Rommell; first vice-president, Miss Cora Smith; second vice-president, Miss Carrie Rankiellour; secretary, Mrs. C. A. Roberts; treasurer, Miss Elva Bosworth. After the meeting refreshments were served and an enjoyable half hour spent.

MINNEAPOLIS.—How fortunate the nurses of Minnesota were to meet and listen to Miss Palmer's talk on "State Registration" the first of September, while passing through on her journey home from the coast. Surely such encouragement and good advice cannot help but bear fruit. It came at a very opportune time, while we are in our "early stage" of organizing, and was an inspiration to all. After listening to a woman of Miss Palmer's experience one cannot help but realize the enormous amount of work and efforts put forth to accomplish State registration. After the meeting an informal reception followed, and the "trolley-car" took all to St. Paul, where a dinner awaited them. A reception at the Nurses' Club-House filled the evening hours.

CAMDEN, N. J.—An adjourned annual meeting of the Alumnae Association of the Cooper Hospital Training-School of Camden, N. J., was held Monday evening, September 11, in the Nurses' Home at the hospital. It was decided to hold the meetings of the association at the "Nurses' Directory" at 536 Stevens Street hereafter. The following officers were elected for the ensuing year: President, Miss G. Michaels; first vice-president, Mrs. F. J. Kelly; second vice-president, Miss M. G. Woods; secretary, Miss M. F. Smith; treasurer, Miss M. E. Rockhill. The next regular monthly meeting will be held on Monday evening, October 2, 1905.

BUFFALO.—At the June meeting of the Buffalo General Alumnae the following officers were elected: President, Miss DeCue; vice-president, Miss Rothfus; corresponding secretary, Mrs. Taylor; recording secretary, Mrs. Storch; treasurer, Miss K. I. Kennedy; historian, Miss Hayes; Executive Committee—Mrs. Nye, Miss Steele, Miss Griffin.

CORRECTION.—On page 800 of the August number, sixth line from the top, read "Gardner" instead of "Falconer."

BIRTHS

IN May, a daughter to Mr. and Mrs. Walter Hull Birdseye, of Oklahoma. Mrs. Birdseye was Miss Alice Merwin, Johns Hopkins, Class of 1899.

IN Baltimore, August 28, a daughter to Mr. and Mrs. Jefferson Norris (*née* Cabell Perkins, Johns Hopkins, Class of 1897).

MARRIAGES

AUGUST 23, in Altoona, Pa., Miss Margaret Grace Fay to Dr. H. O. Sappington, of Galveston, Tex. Mrs. Sappington graduated in the Class of 1898, University of Pennsylvania Hospital, and occupied the position of superintendent of the John Sealy Hospital, Galveston, for two years, but for the past year she held the same position at Germantown Hospital, Philadelphia. Dr. and Mrs. Sappington will be at home after October 1 in Galveston, Tex.

By the Rt. Rev. Bishop Brent, at the Episcopal residence, Manila, P. I., August 14, 1905, Lucile E. S. Flick, late of the Army Nurse Corps, and chief nurse Division Hospital in that city, to William Tracy Page, son of Brigadier-General John H. Page, United States Army, retired. Mr. and Mrs. Page will reside in Manila.

IN Chicago, August 1, Miss Emma J. Kraiger to Mr. Conrad Striewing. Mrs. Striewing was a graduate of the Woman's Hospital, Chicago, and had charge of that hospital for sixteen years.

AT New York, N. Y., August 2, 1905, Miss Hazel Wilcox, graduate of Bridgeport Hospital Training-School, Class of 1904, to Dr. Walter Keirnan, of Newtown, Conn.

AT Lakewood, N. J., July 26, 1905, Miss Anna Walters, graduate of Bridgeport Hospital Training-School, Class of 1903, to Clarence H. Shinn.

OBITUARY

MEMORIAL TO MRS. M. H. LAURANCE *

It is eminently fitting on this reunion to pay some tribute of respect to our deceased friend and co-worker, Mrs. M. H. Laurance. In the brief interval of a year death has entered our ranks and removed from us one of our most esteemed and useful leaders. I suppose none in this assemblage of nurses could claim any degree of intimacy with her, yet all who have come in personal contact with her must have felt the impress of quiet dignity and reserve, the perfect candor, and fine judgment and executive ability which were her characteristics. Always active and progressive in nursing affairs, she easily imparted the inspiration for higher ideals and achievements to those about her.

In her biography we have little outside the professional career. In a letter containing data of her life, her friend, Mrs. Barber, says: "I am sending you all I can remember of what Mrs. Laurance has told me of her past life; she was a woman who spoke very little of herself, even to me, her dearest friend."

Mary Hammond Laurance was born at West Malling, Kent, England, February 12, 1866. She was a daughter of William Jesse and the late Elizabeth

* Read at the North Carolina State Nurses' Association by Miss B. Dunn, Raleigh, N. C.

Mary Ludford. At the age of nineteen she graduated from the Training-School for Nurses connected with St. Mary's Hospital, London, England, and had entered upon a post-graduate course in the same school when she met and married Dr. Francis Laurance.

This, however, did not deter her from pursuing the noble work for which she was so rarely gifted, and to which she dedicated her life. Together husband and wife devoted themselves to the beautiful charity of slum-work in London for three years.

Then came the tragedy of her husband's sudden death, followed in quick succession by the death of her mother and her infant. The terrible shock caused a long and critical illness.

In the spring of 1888 Mrs. Laurance left England, going to Montreal, Canada, where she remained for two years in a diphtheria hospital. Next she went to Albany, N. Y., then to Roosevelt Hospital, New York City, where she served as head nurse for several years. Next we find her in Maryland; then in a private hospital in Cincinnati, O. Here *again* the frail but dauntless body succumbed to disease. She was operated upon there and was in the hospital for a year.

On regaining her health, she became superintendent of nurses at the Washington City Hospital. After two years she resigned this position to go home to England. On returning to this country she accepted the position of superintendent of nurses at St. John's Hospital, Yonkers, N. Y. Another serious illness forced her to resign this position after a period of two and one-half years. In December, 1898, she became matron and superintendent of nurses at the Franklin County Hospital, Greenfield, Mass. Three years later she resigned this position to become superintendent of Rex Hospital, Raleigh, N. C., which position she had until her death, September 10, 1904. Here, possibly, were some of the most fruitful efforts of her career. In an incredibly short time she brought order out of chaos, improved and elevated the nursing conditions, and saved the hospital from what threatened to be a financial death. She was vice-president of our North Carolina State Nurses' Association, one of the Board of Directors, and also one of the State Examining Board for Nurses.

After a long illness she was taken to Leyden, Mass., where she died at the home of her dear friend, Mrs. Barber, her body resting in the Barber lot at her own request.

And boldly may it be said of her, that she died—

"At least, not rotting like a weed,
But, having sown some *generous* seed,
Fruitful of further thought and deed."

SEPTEMBER 8, at New Haven, Conn., of typhoid fever, Miss Elizabeth Kenny Ruth, graduate of the Bridgeport Hospital, Class of 1901.



HOSPITAL AND TRAINING-SCHOOL ITEMS



TRAINING-SCHOOL NOTES

FOR the first time in the history of training-schools for nurses in the State of Illinois diplomas were conferred on nurses with the graduates of a university. This is an advance step in the right direction, making the training-school an additional department of a university. The schools of law, medicine, pharmacy, and dentistry are fitly supplemented by the training-school. It is quite proper that the Mercy Hospital Training-School should be the first in Chicago to attain this honor, as the Mercy Hospital is the oldest in Chicago, having been established in 1848 in connection with the Rush Medical College. In 1859 the Chicago Medical College was established on the South Side, and the Sisters of Mercy had built a hospital on Wabash Avenue near Van Buren Street. The Rush Medical College remaining on the North Side, circumstances favored the connection of the Mercy Hospital with the Chicago Medical College. In 1864 the hospital was removed to its present site, corner of Twenty-sixth and Calumet Avenue, and the Chicago Medical College was then built on the corner of Twenty-sixth and Prairie Avenue, on the grounds belonging to and adjoining the Mercy Hospital. The hospital staff was always composed of professors of the Chicago Medical College, and later, when the Chicago Medical College affiliated with the Northwestern University, the same relationship continued with the Mercy Hospital by agreement of the two institutions. Mercy Hospital is always furnished medical and surgical attendance by the Chicago Medical College, which is now the Medical School of the Northwestern University. In this way the Mercy Hospital Training-School and Mercy Hospital are closely connected with the Northwestern. The nurses' lectures are given by men from the Northwestern Medical School and the examinations are given by each lecturer on his own subject. The Board of Examiners also sign the diplomas of the nurses. The trained nurse is the youngest daughter of the learned professions and may properly be assigned the youngest department of the university. The young women who are honored by being the first to have diplomas conferred by the university have spent three years in study and practical work in the Mercy Hospital, fitting themselves to perform skilfully and faithfully the responsible duties of their vocation. Those who received diplomas are Katherine O'Donnell, Chicago, Ill.; Isabel Devlin, Detroit, Mich.; Maude McGinnis, Chicago, Ill.; Elinor McCollins, Dubuque, Ia.; Sue O'Hara, Chicago, Ill.; Bertha Langan, Streeter, Ill.; Ethel Stonerock, Joliet, Ill.; Grace Matthieu, Kankakee, Ill.; Julia McGurn, Chicago, Ill.; Mary C. Gorman, Fausau, Wis.; Helen Armstrong, McHenry, Ill.; Mamie L. Knaup, Milwaukee, Wis.; Agnes Blewett, Fond du Lac, Wis.; Margaret Flaherty, Rock Island, Ill.; Grace O'Brien, Champaign, Ill.; Genevieve Conway, Janesville, Wis.; Sister M. Victorine Lippert, Mercy Hospital, Chicago, Ill.; Sister M. Lidwina Zens, Mercy Hospital, Chicago, Ill. This school, which now numbers eighty-seven pupil nurses, is entirely managed by the Sisters of Mercy. The nurses wore white costumes with their uniform cap and school badge. They went to the auditorium in carriages, chaperoned by Mrs. E. W. and Mrs. F. T.

Andrews. Dr. N. S. Davis introduced the nurses and President Holgate conferred their diplomas. They were most enthusiastically applauded by the audience and the faculty of the Medical School. On returning to the Nurses' Home refreshments were served, thus ending a pleasant evening which will ever remain a green spot in the memory of the Class of 1905.

PERSONAL

MISS PYLLIS S. WOOD and her sister, Miss Charlotte Wood, with Miss Margaret Bruce, all Buffalo General graduates, went to Sweden last spring to pursue a course of study in Professor Wide's Gymnastic Institute in Stockholm. They have spent the summer on the west coast at a health resort, attending Professor Wide's summer preparatory course before joining his regular winter course.

MISS CAROLYN VAN BLARCOM, Johns Hopkins, Class of 1901, and Miss Ellen La Motte, Class of 1902, have resigned their respective positions of superintendent of nurses and operating-room nurse at St. Luke's Hospital, St. Louis. Miss La Motte has returned to Baltimore and joined the Instructive Visiting Nurses' Association, where she has undertaken the tuberculosis work.

MISS CHARLOTTE DANCY, Johns Hopkins, Class of 1896, for three years the visiting nurse of Newark, N. J., has resigned her position and been succeeded by Miss Reiba Thèlin, Johns Hopkins, Class of 1903, formerly visiting nurse of the Johns Hopkins Tuberculosis Dispensary and recently connected with the Nurses' Settlement of New York City.

MISS WADLAND, MISS GREEN, MISS VANNIER, and MISS TOWNSBROUGH, Johns Hopkins, Class of 1905, will shortly become assistants at the Bryn Mawr Hospital, Bryn Mawr, Pa. Miss Wadland has recently been the visiting nurse of the Orthopædic Clinic of the Johns Hopkins Hospital.

MISS BERTHA ERDMANN was appointed superintendent of nurses by the Board of Corrections and Charities at the City Hospital Training-School for Nurses, and assumed her duties September 1. Two months of "rest" has restored her usual good health.

MRS ELIZABETH M. HARTSOCK, formerly superintendent of nurses of the Presbyterian Hospital, Cincinnati, has recently been appointed superintendent of nurses at the City Hospital, Springfield, O., in place of Miss Jones, who resigned September 7.

MISS ANNA JAMMÉ, Johns Hopkins, Class of 1897, has resigned her position as superintendent of nurses at the New England Hospital for Women, which she has held for several years, and returned to her home in Minneapolis.

THERE seems to be constant demand for nurses for hospital positions in the mission field of the Episcopal Church. The corresponding secretary is Mr. John Wilson Wood, 281 Fourth Avenue, New York.

MISS HELEN BALCOM has resigned the position as assistant superintendent of the Homœopathic Hospital, Rochester, N. Y., and has been succeeded by Miss Anna M. Tripp, a graduate of the school.

MISS MARY B. CARMENN has resigned her position as night superintendent of the Allegheny General Hospital to accept that of superintendent of nurses at the McKeesport Hospital, Pa.

MISSES BROWN, CLANCY, MORLEY, OWENS, and CROMIE, members of the Lebanon Hospital Alumnæ, have taken an apartment at 1053 Tinton Avenue, Bronx, New York.

MISS EMILY McDONNELL, Johns Hopkins, Class of 1892, for nine years superintendent of nurses at the Albany Hospital, Albany, N. Y., has resigned her position.

MRS. M. B. VAIL has resigned as second assistant at the Homœopathic Hospital, Rochester, N. Y., to accept a similar position at the Pasadena Hospital, Cal.

MISS SARA E. PARSONS, Massachusetts General Graduate, is to organize a training-school at the Shepherd and Enoch Pratt Hospital, Towson, Md.

MISS CECILIA PEAKE, Johns Hopkins, Class of 1903, has taken charge of the East End Hospital of Pittsburg, Pa., and began her work in June.

DR. ANNA T. HINTZE, graduate nurse from the Massachusetts General Hospital, has opened an office and private sanatorium in Pottstown, Pa.

MISS ALICE BEST, Johns Hopkins, Class of 1904, has left the Visiting Nurses' Association and begun private nursing in Baltimore.

MISS HALLIE WASHINGTON, Johns Hopkins, Class of 1899, has removed from West Virginia to Denver, Colorado, to do private nursing.

MISS L. S. SMART has resigned her position at Pueblo, Col., and is now at her home in Athol, Mass.



TRAINING NURSES BY MAIL.—The *Journal of the American Medical Association* says: "Our attention has been called to an advertisement in the latest issue of a very respectable publication, the *Review of Reviews*, of the Chicago Correspondence School of Nursing. It is headed "Be a nurse. You can if you will"—that is, of course, by instruction by mail. If there is any occupation requiring careful practical teaching and daily experience with the exigencies that arise as the main part of the instruction, it is that of nursing. The practical part of the training is the main thing. No amount of merely theoretical knowledge can properly fit a person for such an occupation. It seems to us very much like a money-making scheme on the part of its promoters designed to capture the dollars of unsuspecting females. The diploma of a correspondence nursing school would be a very unsatisfactory credential to a physician seeking the aid of a trained nurse in the many exacting and perilous emergencies that arise in medical and surgical practice, and if this fact were generally appreciated the advertisement ought to bring very little business. We hope this will be the case."

THE superintendent of a home for children writes: "The funny part of my business is this, that I, who have no children of my own, have been asked to care for so many children of other people. Brothers of mine have said: 'You have many good theories of child-training, but wait until you have children of your own and you will find that the practice of parental authority is somewhat different from the theory.' But I should be ashamed to have my brothers see my orphans act like some of my nephews and nieces."—*Charities*.

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EDITORIAL COMMENT



THE ILLINOIS TRAINING-SCHOOL LEADS IN AFFILIATION

THE Illinois Training-School of Chicago is the first of the large schools to open its doors for affiliation with small schools to meet the demands of State registration for a more extended experience for the pupils of small hospitals. Arrangements with two of these small schools are already completed, while a third is under consideration.

The Dixon Hospital will give two years of training and then send its pupils to the Illinois for the third year, where medical, the diseases of children, obstetrical, and contagious experience will be had. The Passavant Hospital School will send its pupils to the Illinois for training in children's diseases.

This is a splendid beginning and will make registration comparatively easy when once the Illinois bill has passed—in fact, it will perhaps remove one of the most serious obstacles to the passage of the bill, as it solves the problem of the small hospital training-school.

We congratulate Miss Rose and the managers of the Illinois Training-School upon having taken this most progressive step. It is time that some of the large hospitals in New York State wake up to their responsibility to the smaller hospitals. The demand for such affiliation is very great, and in order to make State registration a complete success there must be a more cordial relationship established between the large and small schools.

THE ELIGIBLE VOLUNTEER CORPS

SINCE the last number of the JOURNAL was published we have had Mrs. Kinney send us copies of the forms and circulars that are sent to

would-be applicants of the Eligible Volunteer List, that we might again go over them critically, to find out, if possible, in what way they fail to meet the approval of the applicants.

We see nothing in these papers that explains the difference between the volunteer service and the regular service in the Nurse Corps—in fact, the papers are identical for both departments, which we think is a mistake.

The Eligible Volunteer nurses are for a possible emergency or national calamity, which implies a short term, and it would seem to us hardly necessary that the volunteers should be compelled to pledge themselves for a three-year term of enlistment. We are of the opinion that if such an enrolment could be reduced to one year, and a special circular issued explaining a little more fully just what the volunteer service is supposed to mean, that many nurses who are hesitating to pledge themselves for three years would immediately enroll for the shorter term.

The ruling that travelling expenses shall be returned, referred to in Miss Johnson's paper, has been made, undoubtedly, as result of experience.

We take some exception, also, to the rather formidable health certificates that are called for. There are two forms to be filled out, one by the nurse, the other by a doctor, very many of the questions being in duplicate—and when all has been recorded in the Surgeon-General's office a nurse might have the feeling that she no longer possessed any internal privacy.

For the regular army nurse service this is all very necessary, but for an emergency service of a shorter term—if such were possible—we think one health certificate covering the essential points would be enough.

However, we do not consider that any of these objections are of sufficient importance to account for the seeming lack of interest on the part of American nurses, nor do we feel that our contributors have in any sense gotten at the heart of the matter, although we are very grateful to them both for the expression of their views.

We ask again, Why is it that the Eligible Volunteer Service does not appeal to American nurses?

THE QUESTION OF LOYALTY

ONE of our correspondents in the last number of the JOURNAL refers to the question of the lack of loyalty on the part of physicians towards nurses, and deplores the fact that while nurses are from the first day of entering the hospital "trained" to be loyal to the doctor,

there is no corresponding loyalty required of the doctors towards the nurses.

This is in the main true. There are many individual exceptions, of course, but the medical profession as a body has not adopted a code of ethics towards the nursing profession, nor do we know that it is considering such a step at the present time, and even if such a code were framed and adopted by, we will say, the American Medical Association, it would not be observed by all of its members, because many of those members are not loyal to all of the members of their own profession, as none know better than nurses.

The medical profession is led and dominated by its brightest and best men, as is every profession and every organized group of workers. We are apt to judge of the whole by the ideals and standards of the leaders, and are subject to constant disillusionments in our intercourse with the great rank and file who have not been brought up to the level of the best. This is true of the nursing profession as well as the other professions.

The medical profession, like the nursing profession, has risen from a very obscure and humble origin to its present dignified position. It has done this slowly, taking several hundred years to reach its present state of development, and has not yet ceased to progress. Nursing as a profession began to rise less than fifty years ago.

The medical profession has gotten into the habit of looking upon nurses as a class of people who were once upon a time upon the same low level as themselves, and therefore as inferior servants, because during those early days of medical development nurses stood still and the rank and file remained ignorant and, we may say, ostracized, while the doctors were stepping up a peg both socially and intellectually.

The habit of subordination was very strongly established in those early days in the relationship between doctors and nurses, and it is that habit of thought which still remains in a very marked degree that is the cause of what nurses sometimes call disloyalty.

A certain type of nurse even to-day cannot think or act without a doctor's instruction; a certain type of doctor can think of nurses only as his subordinates and servants; this attitude is hereditary, it has come down to him through the centuries, and he in his turn has taught or tried to teach it to the nurses whom he has helped to train.

As the ranks of nursing have become filled with better educated women, many of these socially much above the men they must work under, the attitude of condescension assumed by the medical men is quite intolerable, and as a result there is developing an undercurrent of antagonism that is detrimental to the best interests of the sick.

WHAT CAN BE DONE ABOUT IT?

First, we think the whole matter is simply a question of evolution. The older men who were educated during the old régime of nurses are fast passing away; the younger men who have been associated with nurses in training during their own period of medical education or practice have less of this "attitude" than the men of the last generation, although we have to acknowledge that it is dying hard.

With the standards of nursing education constantly improving, with the selection of nurses made with greater care, with a recognized legal and professional status, there will come about a better understanding between the members of the two professions of medicine and nursing, and the relation of master and servant will give way to that of professional co-workers.

In the meantime, is there nothing to be said in regard to the ethical relations existing between nurses?

How can a doctor be criticised for unjustly dismissing a nurse from a case when he can find twenty nurses ready and waiting to fill the vacancy without making so much as a protest against his treatment of a fellow-worker? Are such nurses loyal to their own profession?

Can we expect deference and courtesy from the members of the hospital family towards the superintendent of the training-school when that superintendent makes a practice at the table of making fun of the woman holding a similar position in a neighboring hospital, speaking of her always by a ridiculous nickname and never missing an opportunity to criticise her work and her nurses. Is such a woman loyal to her profession?

Is a superintendent justified in speaking of her pupils to the members of the hospital board and medical staff as if they belonged to an inferior class of people, and are the pupils to be excused who refer to their superintendent by her given name when speaking of her to the patients and house doctors?

These things are done, not by the best in the ranks, but too frequently by individual women "in good standing." And, again, the custom followed by so many pupils, and also graduates, of addressing each other by the last name is unwomanly, undignified, and disloyal. Do we ever hear a doctor speak to a nurse of a brother physician as "Smith" or "Jones"? Does he ever fail to use the professional title? We never have known such men, and we doubt if they can be found in any number among the men whom we respect.

We think the nursing profession has a good many "beams" still left to pluck out. There could be no question of disloyalty on the part of doctors towards nurses if nurses stood solidly together in their

loyalty towards each other. No man can practise medicine among the best people and be in such bad repute with the nurses of his community that he cannot get one of them to take his cases. In just the proportion that a nurse depends upon the doctor for her work, the doctor depends upon the nurse for the success of his cases. When nurses are as loyal to each other as the doctors are to each other, then the doctors will be obliged to be as loyal to the nurses as the nurses now are to them.

This whole question of loyalty needs to be given greater attention in the training-school, both by precept and example,—the superintendents are not altogether blameless,—and it should also be taken up in the *alumnæ* associations and clubs, and when a member is shown to have been grossly disloyal to a sister nurse she should be disciplined by some expression of disapproval from the association as a whole.

We have been obliged to postpone the discussion of "Training-Schools on the Pacific Coast" to make space for the more pressing subject of loyalty, some flagrant instances of disloyalty among nurses having come to our knowledge since the subject was introduced in the last number of the *JOURNAL*.

IMPORTANT TO ALUMNÆ MEMBERS

At the October meeting of the *JOURNAL* directors it was shown that only five shares of stock in the company remains unsold, and that so large a proportion of the shares are now held by the *alumnæ* associations that those associations will have a controlling vote in the stockholders' meeting.

It was also reported that a number of the individual stockholders were willing to dispose of their shares.

The policy of the directors during the past year has been to sell shares only to the *alumnæ* associations, although there have been many requests from individual nurses for such shares.

The directors are now hoping that the *alumnæ* associations will quickly take up the remaining shares, after which the shares of a number of the individual and original stockholders will be for sale and the policy to sell such stock only to the *alumnæ* associations will be adhered to for the present.

Last year the stock paid a dividend of three per cent., and the business year just closed shows a better financial situation than at any previous time.

THE SITUATION IN A NUTSHELL.

The *JOURNAL* was originally intended to be the property of the National *Alumnæ* Association. It was financiered in the beginning by

a small group of individual members with the understanding that the National Association would eventually reimburse them for their outlay and assume the financial management of the magazine. It has not been as yet considered expedient for the National Association to undertake entirely the financial responsibility of the JOURNAL, although it already owns several shares of stock.

In the meantime the affiliating alumnæ associations are buying up the stock and only five of the original shares remain unsold; it is hoped that during the coming year these associations will not only take up these five shares, but will also buy the shares now held by individual members. When this has been accomplished the next step will be for the National Association to buy out the affiliating associations, a few shares at a time, as the condition of its treasury will permit, and eventually become the exclusive owner of the magazine.

By this line of procedure the original plan is being perfected. The individual members who assumed the financial risk will have the money actually advanced refunded to them and their obligation to the alumnæ will be discharged. The National Alumnæ will have fulfilled its promises and the JOURNAL will be in fact what it has always been in inference, the organ and property of the National Association.

The immediate future of the JOURNAL is in the hands of the affiliating alumnæ associations. They hold the balance of power and will be responsible for the success or failure of the financial and professional policy of the magazine until such time as the National Association shall be able to assume the exclusive management.

In the hands of a score or more of women the JOURNAL has been financed and established, and with much anxious labor has become one of the recognized forces in the progressive life of nurses all over the world.

The experimental period has now passed, and that such a magazine can be both a professional and financial success has been undeniably demonstrated by the women who composed the original JOURNAL Company.

It is now up to the alumnæ associations to carry forward the work so well begun; this broader interest should be felt in two ways: first, in a greatly increased subscription list, for if the alumnæ associations have invested their money in a business they must certainly be interested in the financial returns as represented through the subscription list and the advertising pages, and, secondly, in a greater sense of individual responsibility for the character of the contents of the JOURNAL month by month.

A SPECIAL OFFER TO ALUMNÆ STOCKHOLDERS.

The directors have decided to offer to those alumnæ associations that are paid-up stockholders in the JOURNAL Company and who will include the subscription to the JOURNAL in the membership fee of their associations a reduction of fifty cents per annum, making the subscription price to all members of such alumnæ associations one dollar and fifty cents.

It must be distinctly understood that this offer is to alumnæ associations only owning stock in the JOURNAL, and that such associations must by a vote of the association have agreed to include the JOURNAL subscription in the membership fee, such subscriptions to be paid annually to the JOURNAL by some one officer or by a committee appointed by each alumnæ association for this work.

AN INCREASE IN THE STAFF OF COLLABORATORS.

It has been decided to increase the staff of collaborators of the JOURNAL this year with a view to securing at least one representative in each State. A number of names have been added to the list this month, as will be seen on the announcement page, but as the roll is not yet complete we reserve special mention until a later number.

THE OFFICIAL DIRECTORY.

We have published in this number a list of societies with the names of the officers, which it is our intention to have appear in each issue of the JOURNAL under the heading of "Official Directory." In getting the material together we found we were unable to supply all the data needed, and we hope before another number of the JOURNAL goes to press that the officers of those societies that are not accurately reported will see to it that the necessary corrections are sent to us.

This Directory is established for the convenience of the organizations' workers and because of a number of requests from our readers that such a list of addresses should be published in the JOURNAL, but to be of real value the names of the officers, with their addresses, must be correct, and we must be notified promptly of changes as quickly as they occur. When a society has a fixed date for the annual meeting we will add that fact if so requested.

The object of the Directory is for convenience in correspondence, and it will also relieve the Editor from acting as a sort of clearing-house between the organizations and greatly lessen the number of letters that she must write every month.

PROGRESS OF STATE REGISTRATION

MINNESOTA.

The nurses of Minnesota organized a State association at a meeting held in St. Paul on October 10. There were one hundred nurses present and the interest showed that the nurses were thoroughly aroused.

The next session of the Legislature will not meet until 1907, before which time a strong organization can be built up and the nurses in the small as well as the larger cities will be ready to do their part in making the passage of a bill for the State registration of nurses a success. The report of the secretary is found in the Official Department of this issue of the JOURNAL.

COLORADO.

The Colorado State Trained Nurses' Association held a very delightful meeting for social and literary purposes at Boulder on October 12. That the Colorado nurses are progressive is shown in the titles of the papers in the official report given on another page, some of which will be published in this JOURNAL later on.

NEW YORK.

The New York State Nurses' semiannual meeting, held at Niagara Falls on October 17-18, contained some features of especial interest. The sessions were so arranged that the visiting members had ample time to see the Falls, and most delightful opportunities were provided for them to do this on the late afternoon of the first day in an automobile ride and on the second forenoon in a "special" trolley-ride through the Gorge. The Falls were never more magnificent and the beauty of the Gorge ride was greatly enhanced by the soft tints of the autumn foliage.

The visiting members were the guests of the nurses of Niagara Falls, who are not yet organized, and the members of the Erie County Alumnae of Buffalo, who made the meeting in Niagara an occasion to be remembered always with pleasure.

The State association was given the use of the assembly hall of the National Food Company for the meetings, where a reception was given on the first evening which gave the members an opportunity for better acquaintance. The presence at the reception of Mayor Cutler, of Niagara, added much to the pleasure of the evening.

It seems that the Mayor was once the victim of a serious accident which occurred in a neighboring city, and the kindness and skilful care which he received at the hands of the superintendent (a member of the State society) and nurses of the hospital in that city made such a deep

impression upon him that he seemed to feel that he owed a debt to the entire profession, which he took occasion to express when the nurses of the State gathered in his own city of Niagara.

The two papers given in the afternoon of the first day were listened to with great interest. The first one, by Miss B. Matilda Unger, was based upon experiences in nursing in other countries. The second, by Dr. Albert I. Lytle, of Buffalo, entitled "Materia Medica, Pharmacy, and Therapeutics," was most instructive and will be published in full later on in this JOURNAL. Dr. Lytle is one of the men who endorses State registration for nurses and who believes in educating the nurse to be an intelligent co-worker with the physician.

A partial report of the official proceedings will be found on another page. They will be given more fully in our next number.

Miss Dock's address on the progress of State registration in other countries could not fail to have impressed those who look upon registration in a narrow, personal way with the importance of the movement from an international standpoint. She gave a wealth of history in very concise form which we shall publish later on.

A carefully prepared paper was presented by Dr. George E. Blackman, of Dunkirk, on "The Place of the Small Hospital and Training-School in the Community." While nurses will all agree with Dr. Blackman upon the usefulness of and benefit to the community of the small hospital, they cannot agree with him that the small hospital can always give an adequate training to its pupils in all branches of nursing, although such training may be made most thorough so far as it goes.

Perhaps in the history of the New York State association no event has been of greater interest than that given by the presence of Dr. Henry L. Taylor, of the State Education Department at Albany, who is at the head of the division for the registration of schools and who has from the time of the passage of the nursing act brought his vast experience in the registration of the schools and colleges of the other professions to bear upon the registration of training-schools for nurses.

Dr. Taylor gave a résumé of the work of the Department and of the Nurse Board of Examiners since the law went into effect and answered many questions in regard to obscure points, but there was not as much criticism of the working of the law as it had been hoped would be brought out to serve as a guide in the work of administering the law in the immediate future. The few criticisms that were made were very petty and showed a great lack of intelligent comprehension of the subject. We were impressed with the fact that those nurses who are dissatisfied with the law have not taken the trouble to inform themselves about it.

THE LAST PRACTICAL EXAMINATION

THE last practical examination to be held under the terms of the waiver will be in January, 1906, after which time the only nurses eligible for the full examination will be those who have entered a training-school and graduated since the passage of the act in April, 1903, and the graduates of hospitals of registered schools.

The terms of the waiver, which provides that graduates of registered schools shall be exempt from examination, expires in April, 1906, not in January, 1906, as has been erroneously stated, and we urge upon all nurses who are eligible for such exemption to get in their applications quickly. So many have been dilatory that there is already evidence that towards the end of the term the congestion will make the work of the examiners most overwhelmingly difficult.

What we have said to the nurses of New York applies equally to nurses in other States. Procrastination seems to be a habit with nurses all over the country in matters that directly concern their own welfare, and in the matter of taking the trouble to file their applications the nurses in all the States seem to be a good deal alike. We are inclined to think that the terms of the waiver have been made too easy; if a stiff examination were one of the requirements every nurse would be interested and in a terrible anxiety to get it over and get her R. N.

A CORRECTION

“WITH respect to some recent comments that we published on the *Nursing Times*, a journal lately started in London, we are asked to state authoritatively that it is owned and controlled wholly by Messrs. Macmillan, and that it represents no party in nursing politics, but aims simply at providing nurses in Great Britain with a useful, interesting, and impartial journal, devoted to their interests.

We are of the opinion, however, that if there were need of such a magazine in England as the *Nursing Times* that the nurses who, it is claimed, are its supporters should have had enterprise enough to have started it for themselves. We do not consider that journals gotten out by even such reputable houses as the Macmillan Company can be classed as professional journals. They are established purely for commercial purposes, and if there is profit in such publications the nurses should be farsighted enough to provide for such profit to come back to the nursing profession when the members are to be the contributors and subscribers.

We think it is much to be deplored that there is such a lack of unity among the nurses in Great Britain, but if it is not possible for them all to support the *British Journal*, then the dissenting party should at least have had the courage and ability to get out a magazine such as they wanted, and not have left it for a business house to do it for them. We have reprinted in this number a letter which appeared recently in the *British Journal* on this very subject of the two kinds of nursing magazines which expresses very much our own views. Nurses need to think about these matters.

ETHER DAY

“ETHER DAY” at the Massachusetts General Hospital, Boston, was observed this year as a surgical clinic day for nurses. Operations were performed by Drs. H. H. A. Beach, Francis B. Harrington, and Maurice H. Richardson, and there was a large attendance of graduate and pupil nurses from the schools in and near Boston.

Tea was served in the Dome, where ether was first given on October 16, 1846.



LIQUID AIR IN SURGERY AND SKIN DISEASES.—The *Journal of the American Medical Association*, quoting from the *Australasian Medical Gazette*, says: “Liquid air, if applied to the skin lightly and cautiously repeated for a few minutes, Beckett says, will produce a refrigerating effect of any degree of intensity desired, with a resulting complete local anæsthesia under the influence of which small surgical operations can be done. If applied too freely and for too long a time, frost-bite effects are produced, even to causing ulceration of the skin. The application is not painful unless the parts are tender and sensitive. Beckett has made use of liquid air in cases of a superficial and more or less malignant nature that have existed and have been incurable for a length of time, such as lupus, rodent ulcer, and small epitheliomas. Compared with the *x*-rays, the effect of liquid air is instantaneous; it acts superficially and its use is very simple. All the apparatus required, besides the liquid air, is a suitable glass rod with a small piece of cotton-wool wound around the tip of it, the size and shape depending on the degree of intensity required to be attained. When the surface is raw or ulcerated, it is advisable to cut and to place over it a small piece of gauze; otherwise the cotton-wool will be quickly frozen to the surface.”

CEREBROSPINAL MENINGITIS

FROM A POPULAR ARTICLE BY PROFESSOR H. JAEGER, M.D.
Strassburg

TRANSLATED BY L. L. DOCK

THE onset of cerebrospinal meningitis is quite sudden. The patient, who may have been feeling perfectly well, is suddenly seized with high and rapidly rising fever. Severe vomiting, which so often accompanies injury to the brain, also occurs, followed by marked symptoms of mental disturbance to complete loss of consciousness or violent delirium. If consciousness returns, the patient complains of excruciating pains in the head and nape of the neck. The latter region is very sensitive to the touch, and its muscles are rigidly contracted. The most characteristic symptom is at this point often exhibited, especially in children—the head is drawn completely backward and fixed in this position. This spasm may include the whole spinal column, so that the entire body is curved backward in a frightful half-circle (*opisthotonos*). This extreme form of spasm I have only seen in children—never, as yet, in the adult cases which have come under my observation. A later symptom, and one which makes a peculiarly distressing impression upon the friends of the patient, is the shrill cry described by the French as the “*cri hydro-céphalique*.”

Disturbances of sight and speech, palsy, and involuntary urine and dejections complete the picture of the malady. From twenty-five to seventy-five per cent. of cases end in death. In many cases death has occurred as soon as three hours after the onset of the disease in patients who had appeared to be in perfect health.

Again, the patients appear to improvè, the fever disappears, consciousness returns, but relapses occur, and the sufferers gradually become excessively emaciated, actually wasting to skin and bone, until, after weeks, or perhaps months, they succumb to exhaustion. The cases of recovery are liable to serious sequelæ—viz., disturbed vision even to complete loss of sight, loss of the power of speech, impaired memory, imbecility, epilepsy, palsies, deafness. The latter especially is extremely common with children, yet, fortunately, of those cases who recover at all, the largest number recover completely.

The management of the disease is by no means so hopeless as is often believed. As we see that nature sometimes makes a complete cure in this disease, in contradistinction to some other forms of meningeal in-

flammation (for example, tubercular), we may believe that under intelligent care we may hope for some degree of success in handling it. In treatment lumbar puncture takes first place—that is, simply, an extraction of the spinal fluid, which, by the action of the poison, has been abnormally increased in amount, by a hollow needle inserted in the lumbar region. This removes the pressure which is the cause of the gravest symptoms. This procedure may have to be repeated a number of times in the course of the disease. Striking success has also attended the infusion of sterilized salt-solution under the skin. Several litres of this fluid can be eagerly taken up by the fluid-craving tissues, to be again given out in the form of urine and sweat, and thus an irrigation of the tissues takes place through which much of the bacterial poison is also diluted and carried out of the body. Hot baths have also been used with good effect, but no treatment must overlook the fact that complete quiet is the first necessity.

Cerebrospinal meningitis is preëminently a disease of youth. The greatest number of victims are those in childhood, youth, and early adolescence. From the thirtieth year on the death-rate diminishes to nil. Men are more liable to the disease than women. Especially susceptible are men in military service. Of sixty-two epidemics in France forty-three were exclusively confined to the soldiers. Next liable are all other closely congregated masses of humanity, as educational institutions, orphan asylums, prisons, houses of correction, etc., and precisely in proportion as these are crowded, badly aired, or dirty.

So, especially among the poor, we encounter this disease in thickly crowded, dark, and dirty living and working quarters of the laboring masses. Cerebrospinal meningitis is a filth-disease.

The infectious germ is a diplococcus, called, also, from its tendency to embed itself in pus cells, “diplococcus intracellularis.” In general it is known as the “meningococcus.” First isolated in six cases by Weichselbaum in 1887, it was definitely established by the writer as the positive cause of the disease in a later epidemic. Since then it has been demonstrated in every epidemic as well as in numerous endemic cases. The newest demonstrations are those made during the devastations of the disease in 1904 in Upper Silesia, where, since November, twelve hundred cases of illness with six hundred deaths have occurred, and in seven hundred and sixty of which cases the meningococcus has been found by Professor von Lingelsheim.

The cultivation of the coccus is difficult, as it does not develop well in artificial media.

In the autopsies the coccus is found in the inflamed areas of the pia mater of the brain and spinal cord, but by no means in large quan-

tities,—often, indeed, only after prolonged search,—quite the opposite of many other infections in which the affected organs show masses of bacteria, as, for instance, the plague. It is also found in the fluid withdrawn from the spinal cord by the needle, especially at the height of the disease. This demonstration of its presence is thus of the greatest importance for correct diagnosis and proper treatment of the disease.

The question now arises, “How does the germ penetrate to the wonderfully protected and guarded coverings of the brain and spinal cord, and how does it again escape to convey the infection to others?”

Both entrance and exit, as the writer has demonstrated, occur through the nose. Entering by the nose, and passing through the ethmoidal sinus, the germ reaches the coverings of the cerebrum, where inflammation is excited by its presence and the action of its poison. Numbers, again, issue from the nose in the excretion of the nasal mucous membrane. These excretions are spread by blowing the nose and also by sneezing, as Professor Flügge, of Breslau, some years ago demonstrated that by the act of sneezing innumerable microscopic droplets are expelled, which may float for hours in the air and be inhaled by others. This makes the possibility of infection by this means indisputably clear.

In almost all cases of cerebrospinal meningitis the cocci are found in the nasal secretion. They may persist for some time after the disease, and, though no longer dangerous to the patient, may convey the infection to others. Further, as the writer has lately demonstrated, the germ is often found in the noses of those who have been in contact with the sick, but who themselves have resisted the infection, and it often persists in such cases for some time. Such persons feel absolutely well, but may sometimes complain of a slight “cold in the head,” and may constitute a serious menace to their surroundings by disseminating the germs. The mouth, tonsils, and throat may also contain the germs and from these spaces also they may be easily conveyed to other persons.

For these reasons it is of the utmost importance, in dealing with cerebrospinal meningitis, to isolate the patient absolutely and keep his entire surroundings in quarantine; to make bacteriological tests in the case of attendants and healthy persons who may carry the disease, with isolation of these also when necessary, and to take the strictest precautions in the use and disinfection of handkerchiefs, towels, etc., with avoidance of any discharges reaching the ground, the floor, or the air.

As yet no antitoxin has been discovered, but the results of search have been so gratifying in other infections that it is reasonable to hope that such may be found in the future. Meantime the gospel of cleanliness, fresh, pure air, sunshine, and avoidance of overcrowding must be preached.

SOME REASONS WHY NURSES DO NOT ENLIST

By SUSAN BARD JOHNSON

Graduate of Children's Hospital, Boston

THE nurses of the United States have been severely blamed for not enrolling in the Eligible Volunteer List. Fault-finding, even when justly deserved, rarely does good. Let us see if we cannot discover some of the reasons which influence the nurses' conduct in this matter.

In the first place, I think there are many who would gladly enlist but who are hindered by physical limitations. I do not mean diseased people, but those who are organically sound, yet have suffered from the stress and strain of work already done. They are able to do justice to private duty because it comes in instalments, with intervals of rest; but they fear they may prove unequal to an undertaking that may mean three years of consecutive duty. The rule, "A nurse requesting discharge before the expiration of the three years stipulated in her appointment will ordinarily be required to refund to the Government the amount of her transportation and necessary expenses incurred in obeying her first order," is obviously a just one, yet it requires no small consideration for a nurse dependent upon her profession. She will rightly be cautious in incurring obligations which she may not be able to meet. When we stop to consider the matter, we find it pathetic, rather than otherwise, that women whose heart's desire would lead them into the thick of the most strenuous work should be forced by life's irony to appear to seek the easier way.

In the second place comes a reason of custom. Men must go at the call of their country. That is common public sentiment, and parents are proud to have their sons belong to a regiment even in times of peace. On the other hand, we have not yet completely outgrown the idea that, if a daughter wishes to do something a little out of the common, she must do it in spite of the obstructive opposition and disapproval of her kinsfolk. She is most likely to win, instead of praise, the comment, "She had much better stay at home and do something for her family." In some cases this may be true; but, in the main, it is an ill-natured comment, founded on the old-fashioned idea that a woman's sphere is limited to the household. The mother who weeps over her son's absence, and at the same time glories in his heroism, would be likely to condemn her daughter as wanting in natural feeling should she attempt to follow in her brother's footsteps. Thus a woman desiring to serve in public life has not behind her the stimulus of unqualified public approval.

In the third place follows a group of small reasons, partly dependent on the habits of the individual. A man can start on short notice, without hardship, on a business or professional journey. He flings a few things into a trunk or bag and starts off, showered with the good wishes and blessings of his womenfolk, who remain behind and put in order what he has left at loose ends. On the other hand, a woman feels that before starting on a journey she must put her wardrobe in condition, set her house in order, and say good-bye to her friends. It is true that a nurse lives in readiness to go at once to the sick, but the journey in this case is usually short, with the prospect of a speedy return. She has an undefined fear that if she enlists and is called upon to-morrow to go to New Orleans, or a year hence to meet some other emergency, she will not be ready, and will not have time to get ready.

Again, many good and competent nurses are totally ignorant of legal business, and the idea of writing a statement of their own health and swearing to it before a notary looms in their imagination like a tower in a fog. If they had ever had occasion to go before a notary, they would know that it means going to an office where there is a quiet, gentlemanly man, and that making a statement before him is not the bugbear they had supposed it to be, but a very simple act.

Again, a physician's certificate of health is required, not only at the time of enlisting, but also every six months thereafter. The nurse can see that this is necessary, but at the same time she thinks it a nuisance, and she wonders what would happen if she should be down with an attack of grippe or bronchitis at the time the certificate was required. A little enlightenment, together with a burning desire for service, would probably sweep away this group of reasons, but I think that at present they have an undoubted deterrent effect.

Last comes the more compelling reason—family claims. The sons must go at their country's call. That is beyond question. But they have been in the habit of leaving the widowed mother in the care of the daughter, or the delicate wife or fragile elder sister in the care of the more vigorous younger sister. Now the call is for the daughter—at least, those who are nurses—to go too. And who shall stay at home? It is true that a nurse doing private duty does not usually live at home, but she does live within easy reach of home, where she can go back and forth, now and again, to see that all is well with the loved ones; and not infrequently, in the height of her usefulness, she leaves her profession and returns to minister to a parent rendered helpless by disease or desolate by bereavement. It is one thing to be in a neighboring city whence she can easily be summoned, and quite another to be under orders in San Francisco or Manila.

How many nurses are ready to go when the issue is fairly presented we know from the fact that over twelve hundred were in service in the Spanish War. It takes great courage to promise to go at some unknown future date, when one cannot know but what there will then be urgent private reasons why one would feel called upon to remain at home.

I do not maintain that these reasons should keep nurses from enlisting, but I do submit that they are most probably among those which influence their conduct in this matter.

HOW TO LIFT YOUR BUSINESS INTO A PROFESSION *

By MRS. MAY WRIGHT SEWALL

Indianapolis, Ind.

I AM here to talk with you upon the subject I understand you are chiefly interested in—namely, how to lift your business into a profession. It has already been done to such a degree that you who are organizing do not have pioneer work. The most I know about organizations of nurses I began to learn in 1891, when, being elected to the presidency of the National Council of Women of the United States, and at the same time being in correspondence with Mrs. Ethel Bedford Fenwick, president of the National Association of Nurses of Great Britain, I asked myself, “Why should Great Britain have a National Association of Nurses and the United States of America have none? We have an eighty-million population as against forty-five million or so in Great Britain. We pride ourselves on our poor health to even a greater degree than do the British, our ancestors and cousins. Therefore if they need so many nurses that in order to have them well in hand they must have a national organization, we who have a double, not to say a triple, need must have a national association of nurses.”

I therefore wrote to Mrs. Fenwick—knowing she was in correspondence with American nurses and trying to get nurses all over the world into an international association—and asked her who our prominent nurses were. Whenever people are well they do not know the names of nurses and doctors. We all must hope, I am sure, that the careers of such women as Florence Nightingale and Clara Barton, whose pursuit of their profession is connected with so much that is historic, adventurous, and romantic, will not have to be duplicated under a higher order of civilization. I know you will join me in the hope that some thousands of years

* Address before the convention of the Indiana State Nurses' Association.

from now, when the archives of our present civilization are unfolded before the eyes of people then living, there will be some difficulty in finding out what a nurse's business was, just as there will be great difficulty in finding out, in a really enlightened state of society, why a medical society met in these rooms in the days in which we are living. However, we are living in an age when doctors and nurses are necessary, when we have consumption and dyspepsia and yellow fever, when we have some diseases that creep upon us slowly and insidiously, and others that bear down upon us swiftly and with the ferocity of wild animals. So long as we are victims of these two kinds of diseases there must needs be, in a civilization that cultivates such offences, some ameliorating agencies, and the doctor and the nurse supply the amelioration for these conditions.

I suppose you and I both got our first impressions of a nurse from the same source—at least I have hardly ever encountered anyone whose first knowledge of a nurse, outside of the nursing she may have received in her home from her mother, her mother's maid of all work, or her mother's assistant in bringing up a large family, did not come from what Dickens has told us about Sairy Gamp, a creature who was valueless except as providing a good butt for the clever wit to hurl shafts of ridicule at.

It was in St. Bartholomew's Hospital that, in 1899, I had the pleasure of meeting the officers of the British Association of Nurses with their representatives from their four chief centres—their Irish branch, centred in Dublin; their Scotch branch, centred in Edinburgh; their Welsh branch, centred in I do not know what city in Wales (for the only place in that country I am familiar with is Hawarden, from which came the great Gladstone), and their London branch, of which Miss Stewart was and is the president. I am mentioning these names because I think they will encourage people living in the capital of a Western State of the New World, looking forward to an organization for work along the same lines, holding a convention here in this new, fresh room, the guests of the Marion County Medical Society, composed chiefly of men. The ladies of London, under the leadership of Mrs. Fenwick,—who is a very clever general,—had invited the presidents and secretaries of all the affiliated nursing societies in Great Britain, as well as the local associations that did not as yet belong to their national association, to meet at St. Bartholomew's. They had asked me to address them on the general subject of organization as a means of lifting the business—not too much respected, not too well paid—into a profession that should be both respected and well paid. You see, the subject was practically the same as that I am to speak to you about

to-day, but the conditions are so different that I feel like giving you first a picture of that day's scene. I do this because I think all those who live among the old love the new, and those who live among the new love the old. So you disfranchised citizens of a new State in the Western World, occupying this fresh new room belonging to a medical society, may be interested in hearing of that other association of nurses meeting in St. Bartholomew's Hospital in a room which, dating from 1310, is still called the new wing of the hospital! A new wing of a hospital dating from 1310 reminds us that people were sick and needed care six hundred years ago. When I entered the room I thought, "To what degree are the people who are brought in here to-day from the London streets sick and injured better cared for than the people who were brought in here sick and injured six hundred years ago?" We know who took care of the sick and suffering people who were brought to St. Bartholomew's Hospital six hundred years ago, because they were the only nurses who cared for people in hospitals in those days—the sisters of the Mother Church. I sometimes think that we Protestants—and it is possible that the majority of you who are present are such—do not think with sufficient appreciation and reverence of the women who, from the very beginning of the organization of the Church, sacrificed themselves for others to the degree of living an isolated life, believing that only through the isolated life could they accomplish either a life of holiness for themselves or a life of helpfulness for others. It is the task of the Protestant nurse now to prove that outside of isolation, instead of within it, can come a life as holy in itself and as serviceable to the community as there came out of the consecration and isolation of the Middle Ages. This idea, although somewhat foreign to anything we may have talked about, is perfectly harmonious with whatever is in our minds. From my point of view your profession depends upon these two ideas.

Coming to the question of personal holiness, what does it mean? Fundamentally, not the state of sacrifice which those holy sisters had in mind, and which I wish always to have in mind and wish you to have in mind; but we must go back to the meaning of holiness and spell it as it should always have been spelled, and then we shall find that it means "wholeness." We have not thought that, have we? We have probably thought a person stood a better chance of being holy with a few fractures and impairments in the organization, with a general debility of the constitution, but it is not true. From my point of view an organization is, in one respect, the reverse of a chain. A chain is no stronger than its weakest link. An organization is as strong as the strongest personality in it, and it is no stronger. The strongest per-

sonality will strike your keynote. You will not be expected to rise above the keynote; you will not want to, because should you so rise it would be only into discord. Organization means taking individuals, strong, weak, and intermediate, and harmonizing them by adjusting the minds of all of them to a common ideal, and then keying their minds to a common willingness to unite on the same means for the achievement of that ideal.

It seems to me that this is just as applicable to nurses as to any organization I have ever known. I shall speak of my own profession and of yours, because teachers have been longer organized than any other profession. We are still poorly organized, we women teachers of the United States. The women teachers of Germany are much better organized. Indeed, the women teachers of the United States are not organized at all except on the sex line. I do not approve of the organization of women on sex lines, excepting as a temporary means of gaining the social, business, or financial equality of the sexes. Up to this time I believe we need the organization of women as a prelude to the organization of men and women in the same profession without regard to sex.

The women of an organization of this kind should have for their ultimate purpose the obtaining of the same social, financial, and professional recognition given to men. To a very large degree you nurses are not in competition with men, because men seldom enter into the nurse's profession, only, generally speaking, to nurse individual men or certain cases among men. So you have this profession for your own; this field is yours. Often, you know, we say women have not had a chance to do this or that or the other thing; but there are certain fields in which they have had a chance, and yours is one of them. The women of the world have been the nurses of the world, notwithstanding they have not always been professionally educated for it. That part of the race into whose arms the race when born is placed for nurture and care becomes, by the law of nature,—the most fundamental of all laws,—members of the nursing profession. Now, if in that field where we have had no competition, because no one wanted to compete with us in taking care of the crying baby,—no man wishes to take care of a crying baby until it becomes a cooing, good-natured baby,—if in that undivided field we had had the high ideal of health and nothing else, just an ideal of wholeness as the foundation and kernel of holiness, we should have found through all these thousands of years some way of getting self-educated to a degree which would have prevented at least nine-tenths of the diseases of the world.

If I could have my way,—and I suppose all citizens of a republic,

and especially its disfranchised citizens, entertain themselves this way at times,—I should like to have the power of the Czar—no, not the Czar, for at the present moment he does not seem to be very powerful—but if I had the power which Kaiser Wilhelm thinks he ought to have, I should certainly use it to organize a Society of Preventive Nurses. I think every mother ought to recognize herself as a member of an organization, world-spread, committed to preventive nursing. If that idea could take possession of our mothers and our nurses, much might be done.

There is one other point I wish very much to make if I can take the time to do it. In what way is organization going to relate you to the rest of the world? Organization, to my mind, has always a triple purpose. First, it lifts the individual out of her isolation. Whether that be an isolation of egotism, of conceit, or of ignorance, it lifts the individual out of it and brings her into relation with her peers. I think there can be no nobler word applied to any person in the world than “peer.” The House of Peers! What does peer mean? The House of Peers is a place where every man is obliged to recognize every other man as his equal, and therefore to give to him the courtesy he would demand for himself. Every organization lifts its members into a House of Peers, lifts them to an equality with those doing the same work and serving the same purpose. Now, the first step to lift a nurse into the peerage of her profession is to measure one’s self candidly. In isolation you never know what your real qualities are. The man who could lift only a few pounds’ weight, if never tested by the strength of any other man, might imagine himself a Samson. Anyone of us in isolation may get wrong and exaggerated notions of what we are and what we know. Just as soon as you are lifted into this peerage of your own rank, then you have achieved, not only this first object of bringing yourself out of isolation, but have also found yourself a member of a body that has new duties, no longer just the duties you had as an individual. Every organization must consider, not only what it owes to its members, but what it owes to that larger section of humanity which can never be its members.

One of the chief objects of organization is to get professional recognition, to command the respect from the public you think you deserve. As an isolated individual you are unable to do it. You cannot get a scale of wages or salary adjusted, because the people you serve will pay what they think they can, and you will take more or less according to your temperament and your need. However, when you come into your peerage you can establish laws which will govern your wages, and that will put you into a different attitude towards the public, and the public

will pay to each individual the respect it pays to the organization. That is why I said an organization is as strong as its strongest member. The strongest member strikes the keynote and you rise to it.

You also have duties to other organized bodies. It is some twenty years since I have spoken to any organized body of women and left out this final point—the duty to other organized bodies. Think how much you owe, for example, to the women who belong to the generation preceding my own. The women of my own generation have had very little chance to do much for you compared with the great work done for themselves and you by the women of the preceding generation. There is only one way in the world of paying any debt to our ancestors, and that is by paying it to our contemporaries and our successors. Organization is the means of lifting you, as I have indicated and as you feel, or you would not be here.

There is a danger, however, that besets an organization. It not infrequently happens that when the women of a profession have joined with their peers to form an organization to care for that profession, or craft, or cult, they feel they have achieved what they sought. However, they are now become as isolated as a profession as they were before as individuals. Now you are doing just as damaging a thing to society if you isolate yourself as an organization as you are if you isolate yourself as an individual. It is not quite so narrow; the island you will live in is a little larger, but it is an island still. Therefore I have an appeal to make to you, and in doing it I go back to St. Bartholomew's Hospital. It was not by accident I introduced *that* in the beginning; I introduced it because I think it ought to be a hitching-post for every organization of nurses that shall be established by any branch of the Anglo-Saxon race. Why? Because there the steps were taken, first, to nationalize what had been localized; second, to internationalize what had been nationalized.

Now, what are we and what is our place in human society? We are born into the family. Any baby isolated at birth ceases to be, so far as this plane of existence is concerned. It is only the baby who finds himself or is speedily found or made a member of an organization, a family, or a foundling hospital that exists, only that baby can live at all. As it grows up the family to which it belongs, or even the foundling hospital where the unhappy little creature may be, is related to other families in the community. I was delighted to hear your president say she feels a different regard for Indianapolis, as the capital city of Indiana, than for your various home cities. I think that is a feeling every citizen of the State should have. Every citizen of Indiana should feel that he is a possessor of the capital. I feel so towards the capital

of the United States. That implies a sense of relationship, and that is what I am pleading for.

You are now a State society. The next step is to affiliate with the national society of nurses of the United States. There are no finer women to be found in any profession than Mrs. Robb, Miss Palmer, Miss Dock, and Miss Nutting. I have the pleasure of personal acquaintance with these women. As soon as you are thoroughly organized affiliate yourself with the national organization. In that organization you will find yourself already affiliated with the national associations of other countries in an international bond. Then you will have achieved, as far as it can be achieved on this plane of life, redemption from isolation. As you are increasing your sense of relationship your consciousness is expanding to meet its requirements, and you are dignifying yourself and your own conception of life. When a woman has got to that point she does not need to worry at all about what degree of respect society is going to give her. Society pays us always the respect we earn. It may not pay it to-day,—and I think it often does not,—but are any of us living for to-day? Certainly a nurse is not. She is always living to remove to-day's condition. If there were not condition to be removed, she would not be living at all as a nurse. So she is always looking forward. That is a good attitude for all of us. But the important thing is getting recognition of any kind—financial, social, or professional.

Key your ideal to the right point. It is this multiplication and extension of relationships which will help you to key your ideal. No nurse could feel that she belonged to a common, vulgar trade—taking care of sick and disgusting and disagreeable people—who had before her mind such a woman as Miss Nutting or Miss Stewart, who is the head of St. Bartholomew's Hospital. Now, to have before our minds an ideal implies what? In our age of the world education, scientific education. It is not only your right, it is the duty of the nurse to possess this education. This implies also that a nurse shall also be sweet and gentle and charming. If there is anyone in the world who should be perfectly bewitching, it is a nurse. Life seems bad enough, you know, when one is sick. The invalid needs a charming environment—and the nurse's personality is the chief element in the environment of the patient.

Everything I can do with and for the people I have any influence over to bring them up so you will never have a glimpse of them I shall do; but if I must summon a nurse for some member of my large household, what is the first question I shall ask? I shall say to the doctor, "I want the sweetest, best-tempered, and prettiest woman on your list

who has common-sense." Common-sense we must have; with it give me the qualities named. These are all qualities you think desirable, so you cannot be vexed with me for wanting them. Every one of you would like to be the nurse I have described. There is no profession, it seems to me, that ought to take account of that subtle, indefinable quality which we call charm as the nurse's profession ought. You must take it into account. I don't think you could have a Committee on Charm, but I think each of you should be the chairman of such a committee of one within herself, the quality is so important and so antipodal to Sairy Gamp.

I realize that this talk has been somewhat rambling, but I hope you will feel there have been points in it, that you can keep these points in mind, and that none have pricked you. Finally, I know your final salary is to be paid over a counter where there can be no overcharges and no under-payments. It is to be paid over a counter where counterfeit coins never pass. You may know you will get it in pure gold from the very same mine and the very same mint from which the streets of the New Jerusalem are paved; and you will get only just that amount of it that comes back to you as the reflex of your own expression while you are practising your profession on the earth.

HOLIDAYS IN THE SIERRAS

BY JANE ELIZABETH HITCHCOCK

Henry Street Settlement, New York

WE felt that we had done our duty to the full. It had all been a very pleasant duty. First had come the meeting in Portland, Ore., of the National Conference of Charities, by which we were stirred and stimulated. Then we found ourselves in San Francisco at the annual meeting of the California State Nurses' Association. Here we were treated to an experience of Western hospitality that warmed our hearts and kept us hurrying from one cordial hostess to another. The meetings were enthusiastic and inspiring, ending with a banquet as happy in spirit as it was graceful in arrangement. Both of these meetings had filled us with the desire to go home and do better deeds and be better servants of the public. We felt the responsibility of carrying back to the East some of the spirit we had caught in the West—but now we were tired. As we began to contemplate the time-tables of the Southern Pacific and of the Rio Grande Railroad we realized that it meant going East, and at the end of the road lay New York and work. We did not feel

ready for it yet. The West was too big, too wonderful, to be left with such a casual glance, and the great things of nature kept calling to us to come and lose ourselves in them. Then it was that Miss Rogers said, "Come with me. I have an uncle living among the Sierras. We will find him and forget New York." Forget New York! For three weeks we lived in that land elysian and knew naught but mountains, sky, wind, and sun!

At Carson City, Nev., we left the railroad and for three days drove in queer, uncomfortable stages across a hundred and twenty-five miles of Nevada sagebrush back and up to Lundy, Cal., a little mining town nestled at the head of a cañon on the eastern slope of the high Sierras. The advantages of the place lay in its distance from the railroad, the sparsity of population (thirty-three souls including Chinese cooks), its boating and fishing, the saddle-horses galore, and our happy host.

Divided skirts and gaiters had been a forethought in San Francisco. When we had learned to spring unaided from the ground into the saddle and to ride off over the trails we felt that life had really begun for us. Presently the consciousness grew upon us that about fifty miles to the southwest, up over the high peaks of the Sierras, then dropping down into the cool of the shady timber, the trail led to the Valley of the Yosemite. The consciousness grew to a temptation, and the temptation to a determination. In this we were supported by our host, who, although declaring himself indifferent to such an effort, found our escorts and made our preparations for us. We watched with interest the selection of our horses, four saddle-horses and two pack animals. Our camping kit was of the simplest order. Two frying-pans, a coffee-pot, a mixing-pan, six tin plates, cups, knives, forks, and spoons completed the paraphernalia of the culinary department. For the night we had a large piece of canvas to screen off a dressing-room, another canvas for bedspread, blankets, comforters, pillows, warm woollen socks, and woollen wrappers.

There are advantages in a dry season. To Easterners who are accustomed to spend the warm months dodging thunderstorms, the calm preparation for days and nights out-of-doors without so much as a tent between us and the heavens was an astonishment. The joy of it can only be known to her who has tasted it. The sun drops down behind a great, calm cliff; the fire crackles, then burns low; a star blinks at you, and another; the trees stand big, dark, friendly, and by-and-by the moon comes up and touches everything with a silvery haze. One night a tumbling mountain stream sang at our feet, and another a quiet lake lapped, lapped through the night, and again stately pines stood over us while little, baby trees clustered at their feet and

grouped themselves into screens for our protection. And always about us was the odor of the woods, the strength of the granite cliffs, and the great, great stillness.

A trail seems to the uninitiated traveller to be rather an indefinite affair as it straggles about over the mountain side around boulders and through bushes. If you have walked through a huckleberry field and noticed the path the cows have made to the spring, or the short cut for foot passengers from one farmhouse door to another, you will have some idea of the trail. It affords endless variety, and one must be constantly on the alert to avoid errors. Our way from Lundy to the Yosemite seemed to take in all kinds of trails. As we wound along single file we passed over a treeless ridge twelve thousand feet above the level of the sea. It was a stiff climb to the top, and a dizzy head would have been more than an inconvenience. Patches of the eternal snow lay about us. The timber-line was far below, but dainty, starry flowers snuggled into the crevices of the rocks and bobbed their tiny faces to the wind. Miles and miles of mountain peaks stretched away on either side, while the trail continued for some time along the ridge. Then down it dipped into the timber shade until it brought us out upon Yosemite Point, with the green floor of the valley lying three thousand feet below us in the soft light of the waning afternoon. One charm of the trails is the solitude, the sense of remoteness. When following the trail a whole day one may easily pass without sight or sound of a human being. On the Tioga Road one day we met as many as six people and felt that it was quite crowded. The casual passer-by was usually one of the soldiers of the regular army who are stationed throughout the Park as its guards. Nice fellows they were, and always glad to stop and chat for a few moments.

I have been told that the most important item in such an excursion is the guide. If this be so, then our happiness from start to finish was a foregone conclusion. Finer fellows than the two who conducted us over the trail could not be found. One was a sort of second-hand cousin to Miss Rogers, and so appeased the scruples of Mrs. Grundy. Both called themselves *vaqueros* (cowboys), and their varied accomplishments would seem to bear out that claim. There was nothing for the success of such a trip that they could not accomplish. The steaks they broiled, the flapjacks they turned, and the potatoes they fried beggar description. They could ride like madcaps and out-buffaloed Buffalo Bill and his Wild West show. They taught us their whoop and they learned to recognize our squeal of imitation and to know that it meant we were on the trail.

An affair of this kind would lack some flavor were there no mishap.



LUNDY, CALIFORNIA



OUR PACK HORSES



SOME OF US

Ours came one day when we became bold and strayed away from our guides. It flattered us much when one morning they allowed us to ride ahead while they broke up camp. "Keep straight on this Tioga Road for six miles then take the first trail to the left. We will overtake you before you reach the Yosemite," they said. Off we started, very proud of their trust in our sagacity. Our way was through timber of increasing beauty. New varieties of trees showed themselves. The sky was blue and the air fresh. Not a human being crossed our path, but cunning little chipmunks darted here and there and made merry over fallen treetrunks. We jogged along contentedly, giving no thought to time, or, indeed, anything but our own happiness, until we suddenly realized that our road lost itself in a broken bridge over a dry stream-bed. We got down from our horses, uncinched the saddles, and stretched ourselves under the trees to await our companions. As time wore on and our boys did not appear we knew that something had gone wrong. Lost on the Sierras seemed interesting, but we began to feel that five hours was a long time to be away from our guides, so we got into the saddles and retraced our way. A few miles back a sort of straggling cowpath turned off to the left. A shade of uncertainty came over us as to whether this might not be the Yosemite Trail. If so, our party must already have passed down it. There were numerous hoofprints in the sand, but whether they had been made to-day or yesterday or the day before was a problem too deep for our city-bred brains. However, a brilliant idea came to us. We left a handkerchief conspicuously at the fork of the trail and pinned a note to it saying, "We have gone back on the road looking for you." We trusted that the "you" who should read it would be our guides looking for us and not a straggling prospector or a Piute Indian. We continued back on the Tioga Road towards the place of our camp of the night previous. After an hour or so we heard in the distance a welcome cowboy whoop. We gave an answering call, and soon, dashing down the road, came the cousin in good cowboy style, hot and, we fancied, a trifle anxious, although he would not confess it. We humbly turned our horses about and followed him down the cowpath, which he insisted "any ten-year-old boy would recognize as a good trail." We kept close to our guides after this and took no more independent trips.

Our objective point was, of course, the Yosemite Valley, but so fascinated were we by the trails, the mountains, and the solitude that we stopped only a day at the Sentinel Hotel in the valley, then betook ourselves back to the trail and its glad freedom. There, indeed, did we find the rest for which we had longed. We forgot that people could be ill, forgot that the cities thronged with weary mortals needing rest

and finding none, forgot even ourselves and knew only that the world is wondrous fair and that "nature never did betray the heart that truly loved her." Thus seven happy days passed away. Not a cloud, figurative or real, flecked our sky. We sang and told jokes and listened to cowboy experiences. Were it not that provisions were getting low and one of our horses lame we would gladly have covered many more miles and stuck to the trail seven days longer.

WOMEN AS PHARMACISTS IN PUBLIC INSTITUTIONS *

BY SISTER MARY IGNATIUS

Mercy Hospital, Chicago, Ill.

WHEN asked to contribute a paper on "Women in Pharmacy in Institutions" I wrote to persons holding prominent positions in some of our best-known institutions, all of whom responded promptly, and the concensus of opinion not only favors but strongly advocates the employing of women as pharmacists in public institutions.

From Miss Nutting, superintendent of the Training-School for Nurses at the Johns Hopkins Hospital, Baltimore, I quote the following:

"It seems to me that women are admirably fitted for pharmacy work. They are accurate, as a rule, painstaking, and conscientious, and have a love of detail. As to intelligence there need be no question whatsoever. I can see no reason why women should not be successful in this kind of work."

Dr. H. B. Carriel, superintendent of the Illinois Central Hospital for the Insane, Jacksonville, Ill., says:

"In reply to your question concerning my opinion regarding women as pharmacists in the State institutions, I will say that I know of no reason why they should not fill such positions satisfactorily. If I mistake not, they have women pharmacists in many of the Eastern institutions."

In addition to the two foregoing valuable opinions I will add still another from a person who has had some years of experience in the Cook County Hospital—namely, Miss Rose, superintendent of the Illinois Training-School for Nurses. Miss Rose says:

"I do not hesitate to say that in my opinion I see no reason why a woman could not do just as good work as a man, and in many respects better. Women naturally pay more attention to details in any line than men do, and with the same preparation for the work I see no reason why

* Written at the request of the Woman's Pharmaceutical Association of Illinois to be read at their convention at Portland, Ore.

she should not succeed as well in that as in nursing and in the practice of medicine. I believe that some of the abuses laid at the door of druggists would be done away with if women were more generally in charge. I should like very much to have the trial made here in the Cook County Hospital of a good woman in the drug department, and I am sure some features would be changed for the better; but, as you say, for political reasons obstacles are kept in woman's way for this particular profession in State and county institutions."

I might continue *ad infinitum*, but the foregoing will suffice to prove that the prevailing opinion is that women are thoroughly suited to compound and dispense medicine, especially in institutions.

From the earliest ages, as far back as we are able to trace by history, supplemented by tradition, we hear of women having a knowledge of and compounding medicines, chiefly herbs, the women of all parts of the Eastern Hemisphere, especially Europe and Asia. We read of the witches and hags compounding their secret decoctions, whether for good or evil intent; we read of their poisons, love potions, and health restorers.

We may well believe that our Mother Eve, who knew the names of the herbs from the first, knew also their especial properties and how to apply them to the needs of her family, and that she handed on her knowledge to her children's children.

The Egyptians possessed wonderful knowledge in the science of medicine, but it was kept in one family or caste—chiefly, if not solely, among the priests. In Persia the knowledge of herbs and their medicinal properties was regarded with reverence almost to the degree of superstition. Thus, through the ages down to the present day, women have gathered the vegetable products of their own country and clime and applied them to kill or cure, as the case might require.

Women in pharmacy now is looked upon as something comparatively new. This is only true inasmuch as the practice of pharmacy differs now from the practice of pharmacy in past ages.

Since the earliest days of Christianity the care of the sick has been a sacred duty. This lesson was taught by the word and example of Christ Himself; according as Christianity spread and Paganism diminished, in proportion the care of the weak, the lame, and the afflicted of all classes becomes the special care of the followers of Christ.

In pagan days the weakling, the incurable, the aged—in fact, all who became a care or burden to others—were legally disposed of as uselessly encumbering the earth. But as the lessons of the Meek Teacher of Gallilee took root in the hearts of men, the whole face of the earth was changed. Monasteries and convents sprung up like oases in the

desert. They were soon peopled with earnest, zealous followers of the Law of Love. In those days the monastery was church, school, and inn; the weary traveller found a resting place, the sick, the aged, the orphan, all who needed care or sympathy, spiritual or corporeal, found a refuge within those hospitable walls.

Such establishments were our first hospitals. As years rolled by those institutions changed, keeping step with the progress of the times, but they always had members trained to prepare decoctions of herbs and dispense them to the needy. It would make this paper too lengthy to dwell on the changes time wrought during all those centuries. However, one feature remains unchanged—namely, the woman in pharmacy, who is generally found in all hospitals under the care of the sisterhoods.

The sister in charge of the pharmacy at Mercy Hospital, Chicago, Ill., is a registered pharmacist, being the first woman in Illinois who took the State Board examination. As this paper is in the interests of the Woman's Pharmaceutical Association, it may not be amiss to state that the day she took the examination, fifty-seven men also took the same examination. Four men and the sister passed successfully; fifty-three men failed. This result only proves the necessity of the law which compels State Board examination. This examination was held in Springfield, Ill., December 2, 1882. In the Mercy Hospital, Chicago, the sisters have had full charge of the drug department since 1876. Previous to that date the internes prepared the prescriptions, each man preparing the medicine for his own patients. Those young men at that time had a service of only six months; it is needless to say their knowledge of pharmacy was quite limited. The attending hospital staff frequently had reason to fear that the prescription work was not so accurate as it should be; therefore they requested that a sister be placed in the pharmacy who would be there permanently. The superior hesitated for a time, as she could not well spare a sister for that work. An event occurred which brought the need directly home. A sister died from the effects of a dose of medicine prepared and administered by an interne. Since then the sisters purchase and dispense all drugs and antiseptics. When the change was made it was noticed that the drug bills were reduced one hundred per cent., proving that a woman is more neat and careful in her work, and not so wasteful or destructive in handling materials and utensils.

Several large hospitals in the Eastern States found last year, on balancing accounts, an enormous deficit, amounting in the aggregate to hundreds of thousands of dollars. On investigating, the leakage was traced to extravagance in the surgical and medical supplies.

The question of economy, then, is another argument in favor of

employing women in public institutions as pharmacists, thus reducing expenses and saving the taxpayer, who supports all public institutions.

The Woman's Pharmaceutical Association would suggest giving a woman qualified for this work the power to purchase and dispense all surgical and medical supplies and compare results. Moreover, it is generally conceded that where an educated, cultured woman presides peace and good order are generally to be found.



CLARA BARTON.—Dr. Roswell Park in an address to the graduating class of the Buffalo General Hospital spoke very beautifully of Miss Clara Barton as follows:

“Trained nursing in the United States is in a large measure the outgrowth of the horrible exigencies of our Civil War, though the first school was not established in Bellevue Hospital till 1873. The American woman whose name is best known to-day in this connection is Miss Clara Barton. Miss Barton ministered to our soldiers from the very outbreak of the war, first in hospitals near Washington, later in field hospitals during some of the most notable battles of the war, such as Antietam, Cedar Mountain, Manassas, and Fredericksburg, where she was superintendent of the Ninth Corps Hospital. During the eight months' siege of Charleston she was the ministering angel of the troops that destroyed Forts Gregg, Wagner, and Sumter. She was again superintendent of the hospitals of the Army of the James in the field. After the war she established at her own cost a Bureau of Records of Missing Men, and rendered services in this connection which only those can appreciate who have needed them. In 1870 she assisted the Duchess of Mechlenburg-Schwerin and some other German Princesses in organizing their hospitals. She entered Strasburg with the German troops when it surrendered, *and at her own expense* established industrial rooms and gave employment to three hundred wives, widows, and daughters of the French soldiers in making up garments for distribution among the poor. She forwarded several thousand garments thus made to Paris, and entered that city while the fires lit by the Communists were still burning, and remained there several weeks distributing her own charities and those of several American friends. Subsequently she visited towns along the Rhenish frontier and did what she could to help atone for the ravages of war. But if one attempts to do justice to all the noble women who have gone into this work he must devote his whole life to the task, and perhaps fail even then.”

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



HOW TO BECOME A NURSE. The Nursing Profession. How and Where to Train. Being a Guide to Training for the Profession of a Nurse, and Particulars of Nurse Training-Schools in the United Kingdom and Abroad, and an Outline of the Principal Laws Affecting Nurses, etc. Edited by Sir Henry Burdett, K.C.B. London: Scientific Press, Ltd.

This book, with its portentously long title, has just appeared in its seventh edition. The editor in his opening pages, which he styles "introductory and practical," claims that it is the only publication from which full and up-to-date particulars can be obtained concerning the nurse training-schools in the whole of the English-speaking countries of the world. This is reassuring, for one could scarcely bear the knowledge of another such collection. It is an instance once more repeated of the need of nurses doing for themselves, and not waiting to be done for by middlemen, non-professionals, or members of some other profession. Sir Henry Burdett has been identified for a lifetime with hospitals, nurse training-schools, and nurses. He of all men in the world, it would seem, must be able to represent nurses. But it can't be done by a man who is not a nurse. The book is intended in all good faith to be a safe and reliable guide to all, or, as the editor puts it, "every woman who is attracted to nursing and desires to become a fully trained nurse." Yet there is nothing to show, except to those of shrewd experience, the difference between a training-school where one receives a liberal education, is comfortably housed and in respectable company, from one which is maintained for the sole purpose of getting the nursing done at the very lowest figure possible, there being neither time nor opportunity for class work, and where one's fellow-nurses are liable to come from a class which has made a failure of domestic service. The idea of the book is to be commended. There is need of such a book, but it must be written by a leader in the profession. It is out of the question that any superintendent of a representative training-school could find time for a task so stupendous, but without the coöperation of the various superintendents of schools and that of the associations the book might as well remain unwritten.

AN ELEMENTARY TREATISE ON LIGHT TREATMENT FOR NURSES. By James Segueira, M.D. (Lond.), M.R.C.P. (Lond.), F.R.C.S. (Eng.), physician in charge of skin department and lecturer on dermatology at the London Hospital. London: Scientific Press, Ltd.

Although the manipulation of apparatus for light treatment does not formally appear in the curriculum of any American training-school for nurses, so far as is known to the present writer, the subject is taught in some instances to individual nurses, and is one which cannot fail to interest all nurses. Mr. Segueira's little book is just the happy medium between severely scientific and quite practical that makes its reading pleasant and profitable.

UNCOOKED FOODS AND HOW TO USE THEM: A Treatise on How to Get the Highest Form of Animal Energy from Food. By Mr. and Mrs. Eugene Christian. New York: New York Health-Culture Co., 151 West Twenty-third Street.

At the risk of being considered hide-bound and conventional, and far behind the world's progress, we confess to being utterly unconvinced by the arguments brought forward in Mr. and Mrs. Christian's book on "Uncooked Foods." The very quotation on the title-page seemed paralyzing, "As the building material is, so the structure must be."

The scorn of the profane small boy finds expression in the term "half-baked," and to go the length one is invited to by this undaunted pair of reformers—to quite unbaked—is beyond me. Most skilfully one is tempted by the picture of all one's meals every day without cooking or dish-washing. Again, to the young how alluring the thought of being pressed to take a second helping of raw carrot—that always forbidden delight. Though fire is not allowed, yet freezing is countenanced and even recommended. One longs yet fears to know what a dinner of cool raw roots and ice-cream might have to say to each other when met together inside of Barrie's Little Mary.

HINTS TO NURSES ON TROPICAL FEVERS. By S. F. Pollard, sister Army Nursing Service Reserve, late sister at Guy's Hospital. London: The Scientific Press, Ltd.

The writer with charming naïveté declares herself on the first page as writing up tropical fevers that the subject may become a means to an end. The opening chapter, which comprises between one-fourth and one-third of the book, is entitled "Hints on Going Abroad." I cannot forbear quoting the first two sentences: "The love of travel is deeply implanted in most of us, especially in these days of cheap tickets, tours,

and trips, when all one's friends have at least been on the Continent. Many a nurse at the end of her three-years' training, wearied of the routine of the daily hospital ward work, thinks she would like to go abroad." This candid, and supposedly careworn, one then proceeds to look afield and discover where she can find, well removed from her present surroundings, the opportunity for combining duty with pleasure and getting as far away from the scenes of her late labors in training as possible, and in due time selects, or is selected to, a post in the tropics in the Colonial Nursing Association for Nursing in the Crown Colonies. The reader is plunged into all the delightful bustle of choosing an outfit, etc., and is brought up with a round turn, so to speak, by being confronted with the dismal word "malaria" at the head of Chapter II., giving one very much the feeling of being wakened suddenly in the middle of a delightful dream. The remainder of the book keeps strictly to the business implied in its title and is well worth the reading.

Our English sister gives us a hint which is worth investigating, and perhaps suggests a remedy to an evil proclaimed this year before a national gathering of nurses. If I remember rightly, it was stated that an appeal having been sent out by the Surgeon-General of the United States Army to the various schools and alumnae associations throughout the country for names of nurses ready to serve their country in time of war or other national emergencies, there was practically no response, twelve applications only at that time having been sent in. The imputed hint of want of patriotic feeling in nurses cast a cloud over an otherwise delightful meeting, and there was a general feeling that another side of the question might be heard if time and occasion for controversy were available. Let the Surgeon-General send out a circular advising of countries, territories, and conditions, and let the opening chapter warn the intending pioneer nurse to forget neither her habit nor side-saddle; to have at least three evening dresses, and "lots of fresh ribbons;" to keep her kodak strapped to her side; to bring her botany case in her hand, and assure her that there will be room for her horse or her dog wherever she may be stationed, and there is little fear but the American nurse, like this dear English sister, will look forward to the opportunities of army and colonial nursing as a delightful respite after the treadmill of the hospital wards.



NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



MATERNAL DIET AND FETAL DEVELOPMENT.—The *Journal of the American Medical Association*, quoting from the *Lancet Clinic*, Cincinnati, says: “Gillespie discusses the possibility of influencing the bony growth of the fetus by regulating the diet of the mother. He believes that this is not only impossible but dangerous, inasmuch as the demands of the fetus must be met by the mother even to the extreme of decalcifying her own osseous system. Furthermore, even if it were possible to bring about such a result, it would probably increase the difficulties of labor rather than diminish them, because the lack of any bony development may prove a serious obstacle to labor. Under normal conditions the spinal column of the fetus possesses sufficient rigidity to act as a good transmitter of force. Its rigidity is greatly increased by the splint-like action of the arms and legs, folded as they are on the anterior surface of the child. If we could by diet lessen the rigidity of the fetal skeleton, it would in like proportion lessen its ability to transmit force, and the result is a difficult labor.”

TOOTHACHE.—H. B. Ray, writing in the *Southern Clinic*, gives the following advice on the treatment of toothache: “Toothache is essentially an inflammatory condition, and in ninety-nine per cent. of the cases there is a cavity in the tooth. In those cases where there is a cavity, but no nerve exposure; the treatment is simple—apply a sedative and exclude the secretions of the mouth from the cavity; prompt relief will follow; and then advise the patient to visit a competent dentist. A very effective agent, and one always at hand, is the oil of cloves. It should be applied by saturating a pledget of cotton with the remedy and introducing it into the cavity with a toothpick or other pointed instrument; that being done, the secretions are kept out by filling the cavity with a little beeswax, a household remedy always at hand. The wax can be applied by warming over a lamp on the point of a knife and forcing into the cavity. The wax filling serves not only the purpose of keeping the secretions of the mouth out, but prevents thermal changes from affecting the nerve when hot and cold things are taken into the mouth.”

TEMPERATURES DURING THE PUERPERIUM.—The *Medical Record* in a synopsis of a paper in the *British Medical Journal* says: "John W. Duncan found a subnormal temperature daily in the axilla in sixty consecutive cases during the puerperium. Eight cases showed a temperature of one hundred degrees or over. These cases were under strict antiseptic precautions. The highest temperature, of one hundred and three degrees, was due to tense breasts, complicated with tinea of the breasts. The daily average mouth temperature was 99.3 degrees on the third day, on the fourth 99.5 degrees. Temperature above normal is due to faulty cleanliness, external skin infection, infection before labor, as in vaginitis, and small tears early in labor. Instrumental delivery does not cause rise of temperature as a rule. The author believes that infections come more often from the skin, cervical or vaginal mucous membranes, or pudendal surfaces of the patient than from the doctor and nurse."

PARATYPHOID FEVER.—The *New York Medical Journal* in a synopsis of a paper in the *Medical News* says: "Coleman insists that even the agglutination tests do not always enable us to distinguish cases of typhoid due to the typhoid bacillus from cases of continued fever due to other members of the typhoid colon group. From the bacteriological point of view distinctions should be made, but it must be remembered that bacteriological entities are not necessarily clinical ones. In conclusion: 1. Paratyphoid infections cannot be distinguished from typhoid fever except by the recovery from the blood of the bacillus concerned and its proper identification. 2. The present state of our knowledge makes it advisable to consider typhoid fever clinically as a disease which may be caused by several members of the typhoid colon group of bacilli. 3. The term 'paratyphoid fever' is not only unnecessary, but misleading."

PROLONGED LAVAGE A PREVENTIVE OF ETHER-VOMITING AFTER OPERATION.—George S. Brown, in *Surgery, Gynæcology, and Obstetrics*, assumes that it is the presence of ether in the system that causes the vomiting after operation by its direct effect on the vomiting centre in the brain or its irritant effect on the stomach. He considers the appropriate treatment of the condition to be the washing of the ether out of the blood as rapidly as possible. Much of the ether is eliminated by the stomach, and if lavage is begun before the patient becomes conscious, and is continued for some time, the ether is rapidly eliminated and the vomiting avoided. When the ether is all out of the blood, vomiting ceases; but this may require three or four days. The patient should be kept well under ether, so that the tube can be introduced without causing

retching. The lavage is continued until two and a half gallons of water have been introduced and removed. The last washwater will not smell of ether, the sleep will pass off in an hour or two, and at the end of twelve hours the breath will not smell of it. During the last three years this method has prevented ether vomiting absolutely in the author's cases.

LIME-WATER IN THE TREATMENT OF WARTS.—The *Medical Record*, quoting from the *British Medical Journal*, says: "J. Burdon Cooper accidentally learned that lime-water taken internally is almost a specific for warts. When taking lime-water for some digestive disturbance he found that a wart that had been troublesome disappeared from his finger. He tried this remedy in other cases of warts, and found that the warts disappeared. He recommends the taking of a wine-glass of lime-water after the midday meal with a little milk. The wart disappears after from four days to three weeks."

SEA-WATER AS AN ANÆSTHETIC.—Dr. J. G. Taylor in *American Medicine* recommends the subcutaneous injection of sea-water to relieve pain, saying that it does so more quickly than morphine. Injected at the root of a tooth it is more effectual than cocaine. Warm injections of sea-water per rectum while the patient lies on his side is a most effective remedy in cirrhosis of the liver, jaundice, and other hepatic diseases. Also to give relief in asthma and cough that has become chronic.

NATURE AND CAUSE OF HUNGER, APPETITE, AND ANOREXIA.—Mark I. Knapp in *American Medicine* says hunger is the sensation produced by the contraction of the muscularis of the pylorus, of the entire stomach, of the duodenum, or of all these structures. It is the contraction of the muscularis, most especially the contraction of the pylorus, which, when felt in not too intense a degree, is interpreted as hunger. If the contraction is more intense, it is felt as a painful hunger. If the contraction is of a slight degree, then the sensation of the hunger is also of a slight degree, it is evanescent. This is the reason the hunger passes away after a certain lapse of time, even if no food has been taken; it means simply that the contraction has given way to relaxation. A "hearty" appetite should not be encouraged. Such an appetite must be considered as pathological and must be suppressed by the physician, as it is caused by a stronger contraction, hence greater irritation of the mucosa, which should not be. Absence of contraction, the inability to contract, relaxation, distention—these being the opposite, the reverse of contraction—result in the opposite of appetite, anorexia.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



THE PROGRESS OF GERMAN NURSES

(Continued from page 50)

THE work of Sister Agnes Karll and her associates has been to gather into a self-governing organization all of the scattered individuals working independently, and the keen mind of Sister Agnes foresees that the near future is going to bring great changes, as a number of large and magnificent city hospitals are being built which are preparing to establish their own training-schools, and these will undoubtedly be on more modern lines than anything heretofore. The second annual report of the German Nurses' Organization, which now numbers about six hundred members, states the two leading motives of the organization to be, first, to gather into an effective whole all of the self-supporting nurses of the country; second, to encourage women of the best type to enter the nursing profession.

It has been a herculean piece of work to found this society of nurses. It was so absolutely new for nurses to be organized outside of the training-school associations. A society in Germany has numberless details to carry before public authorities, such as the Police Department, the Departments of Education and of Internal Affairs, before it can be allowed to form and carry on its affairs. Our American secretaries and other officers, hard-worked though they may often be, have no conception of the exhaustive statistics and reports which the German nurses have to make to public bureaus, or the immense amount of detail which they have to attend to—for instance, the State insurance, which I will tell of later.

For ten years Sister Agnes Karll had been unconsciously preparing for her organizing work. She was trained in one of the best Red Cross hospitals, and ten years of private duty gave her opportunity to observe conditions. There is probably no one in Germany better informed on the whole nursing question, and the necessity of union among the scattered "free" nurses bore urgently upon her. Yet so great were the difficulties in the way that it might not yet have been possible had she not found in a prominent and very influential member of Parliament,

Herr Rittmeister Praetorius, and in Frau Professor Krukenberg, of the German National Council of Women, the two friends and advisers with whose help she succeeded. Frau Krukenberg, who presided over the Nursing Section in Berlin last summer, takes the position that the day is past when nursing should be regarded as a monopoly of religious or closely restricted orders, and that it should be regarded as a profession like any other, into which women may honorably enter with the purpose of earning their living. She encouraged the idea of a self-governing body, and Herr Praetorius, an elderly man and a perfect type of the old-school courteous and considerate gentleman, although conservative, understood this movement of modern self-supporting women to struggle into better conditions as few others have. For this we must to a great extent, doubtless, feel grateful to his wife, who is also a most sympathetic and intelligent friend of all educational movements. The great influence of Herr Praetorius in public life gave the young society a secure official footing and secured it a hearing in the departments of government.

The death of Herr Praetorius a year ago, and the continued interest of his wife in the organization, have been mentioned before this.

The following extracts from the second annual report should, I think, interest all nurses, and I hope they may especially appeal to our German-American members, many of whom might know of ways in which to help the work of the society:

“That the general public now recognizes the importance and significance of the two leading motives of our organization—namely, to gather into an effective association all of the self-supporting nurses of our country, and to encourage women of the best type to enter the nursing profession—was fully proved by the special attention given to the nursing question by the International Congress of Women during its session in Berlin from June 13 to 18. The entire day of the 16th was devoted to this subject in the large hall of the Philharmonic, under the leadership of Frau Professor Krukenberg, and reports of extreme interest were read from England, America, France, Sweden, and Italy, whilst Germany was officially represented by the president of the German Nurses' Organization with a paper on 'The Future Training of the German Nurses.'

“Various representatives of German nursing shared in the discussion, but the matrons of our largest hospitals declined any participation whatever in the efforts of the woman's movement.

“Also in the meeting of the International Council of Nurses, held on May 17 in the Victoria Lyceum, Germany was represented solely by the organization, whose president had the pleasure of announcing to the English and American delegates that it was ready to enter into the International Council as a national body.

“The friendly interest which was taken in our development in England and America before we were even conscious of it has been shown in various ways. The Matrons' Council of Great Britain and Ireland conferred honorary membership upon the president of the organization and bestowed upon her its badge.

The Board of Directors of THE AMERICAN JOURNAL OF NURSING has presented the organization with its valuable bound volumes to date as a gift for our library.

"In its internal affairs the work of the organization has increased enormously, and the officers, in addition to the routine business, have held twenty-seven meetings in which to decide upon two hundred and fifty-four applications, fifteen of which were refused. It has only been necessary twice to call the Advisory Council upon questions of the exclusion of three members. In order to deal more efficiently with the increasing details and to insure a quorum, the number of officers has been increased to seven.

"The official badge of the organization has been adopted from a design of the director of the Frankfort Academy of Art, made after one used hundreds of years ago by a nursing order, and now adapted to and legally protected for our members.

"With the constant increase in our secretarial and directory work, the narrow quarters of our old office hampered our work greatly. With the occupation of our new rooms at 22, Nürnberger Str., W., 50, we not only have ample accommodation for all our present work, but also the privilege of adding to our quarters in the future, while the possession of a fine, large room for gatherings, social purposes, reading, and sitting-room will enable our members to come together as they could not heretofore do. We hope also to be able occasionally to put up transient guests for the night if our members in travelling will be satisfied with simple accommodations. We bespeak the interest of our members for the complete furnishing of our club-room, and most especially for our library, both of which will mean so much in the development of the private life and interests of our members, which at first, in the press of outer circumstances, have had to be left in the background.

"Part of the secretarial work of the organization is the compiling of an enormous mass of statistics, rendered necessary by the requirements of the Berlin Department of Statistics and by our other public relations. Not all of the sisters have understood the importance and necessity of filling in the details, and also the forms supplied every two years by the public department by no means now cover all of the new lines of work developing for nurses or created by our members. It is hoped that next year improved blank forms will facilitate this important but burdensome labor.

"Three thousand four hundred and forty-five letters and cards have been received in the offices, and three thousand six hundred written and sent from same, one thousand three hundred and fifteen of which were personally written by the president; three thousand and one pieces of printed matter have been sent out by the secretary and bureau sister. Besides this, with the ceaseless telephone calls, each sister in the office has a regular office hour, as only thus can the demands of the day be met, and the necessary order and system with regard to the health of the sisters in charge be preserved.

"When we consider the work of the past year we must rejoice at what has been accomplished, while we yet feel keenly how much yet presses for which time and strength are inadequate.

"A large city hospital, the new Charité, has opened its doors under most favorable auspices to our sisters and pupils recommended by our officers. We are also offered opportunity for post-graduate courses.

"Our first two pupils have taken their examination in Frankfort. Yet when one sees the increasing need of nurses, and realizes that within a year new

hospitals with at least three thousand five hundred bed capacity will be opened, one must say anxiously, 'Where shall the needed number of educated women come from?'

"And we long to so upbuild the conditions of nursing work that we could with clear conscience say to hundreds of young women, 'Come and learn our calling, the most glorious, the most blessed, that women can find.'

"The Women's Councils of many towns and cities offer opportunity for addresses and talks for propaganda. Yet it is too seldom realized that the present deficiency of nurses is the result of the inadequate system of management of our nurse-training corporations and hospitals. Then, too, one's courage sinks the more when one thinks of the sisters who have grown old or ill, or have fallen into necessity, and who look to us to help them.

"The Emergency Fund and the Convalescent Homes plans have not been neglected, but have been quietly considerably advanced, only that the need comes faster than the help. The Committee on the Emergency Fund has been formed, and an appeal will shortly be issued. Then each of us must help it to reach warm hearts and willing hands. We have also opportunities offered us, in coöperation with other self-supporting women, to obtain building lots in Drossen, and a most beautiful site in the woods in Vogelsberg. But to bring these possibilities to reality calls for so much time, strength, and energy, and one meets actually so much indifference and apathy, that one's force would fail if it were not that in the human soul hope and belief in divine ideals are insurmountable and conquer human weakness.

"We must believe that the next year will see our hopes and plans greatly advanced, and we must remind our members that an independent and self-governing association such as ours brings with it not only rights, but also duties and responsibilities. Each one must do her best to increase our membership. Our treasury, so far as our necessary expenses go, is in a most healthy condition, with a small surplus. But our office expenses will increase rather than diminish, and, while our membership dues will suffice to cover them, we need to add in every way possible to our fund for the aged or afflicted sisters.

"AGNES KARLL, President."

L. L. DOCK.

(To be continued.)



LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: It seems difficult to make nurses of the country understand that the Red Cross Society and the Army Nurse Corps are entirely separate and distinct organizations. Since the reorganization of the Red Cross there is here in Washington an organization which is known as the National Red Cross Society. It is the intention that there should be branch organizations in every State. These branch organizations inquire into the credentials of nurses applying for enrolment and keep a list of such as are found desirable. In time of war or national calamity these branch associations hand their lists to the parent organization, which in turn passes them on to the medical department of the army. This department then reserves the right to select from these lists and undertakes all future management of the nursing body thus created.

This communication is made in the hope that the great number of nurses applying to the Surgeon-General for Red Cross work may understand just the relation of the association to the medical department of the army.

DITA H. KINNEY,
Superintendent Army Nurse Corps.

DEAR EDITOR: A great deal has been written on the need of trained nurses in the towns and smaller cities, and the nurses have been more or less criticised for their habit or custom of sticking to the larger cities and in the vicinity of the hospitals from which they graduate. In almost every medical journal some such style of article appears, and yet I believe that doctors and a large number of nurses also do not look at it from the point of view that would help them to understand the cause.

I am a graduate of one of the Eastern hospitals. I decided to start out on my career as private nurse in the West, where the need seemed greater than in my own city. I had letters to several of the best medical men, also some surgeons, and after I arrived selected my room, which, of course, had to be in the best part of town, also in a central location and in a boarding-place where both telephone systems had

phones. This of course made my living expenses high. As soon as I was located I called on the doctors. They professed themselves delighted, took my card, and in less than twenty-four hours after my arrival I had my first case.

This case lasted a week. The mother was ill and there was no servant, so the nurse must fill in the gap. The compensation was good, the people well off, but it was impossible to get help.

Leaving that case, so tired that rest was imperative, I came home to my room, a pleasant, cheerful room, but for the five or six days that I rested I spoke to absolutely no one but the waitress who served me at meals, the street-car conductors, and one or two shop girls.

Think what this complete isolation means to a nurse who has just come from a school where she had from twenty to twenty-five classmates, besides all the other pupil nurses, and I think you will have the solution of the reason why nurses keep to their own hospital towns.

A nurse meets people professionally only, and while occasionally she makes friends, it is usually a business transaction, and when her patient recovers the nurse is forgotten.

Even suppose two friends start together, those who have done private work realize how seldom they would be "in" together.

AN EASTERN GRADUATE OF 1904.

DEAR EDITOR: Having read your article regarding the eligible list of volunteer nurses in the September number of the JOURNAL, I venture to give the opinion of one nurse on the subject.

Our profession is spoken of as being unpatriotic and lacking in interest concerning our national affairs, owing to our tardiness in responding to the appeal made for suitable nurses to form this eligible list.

While agreeing with the Editor that now, in time of peace, is the proper time to acquire this very essential adjunct to our national equipment, still, I think it is rather early in the day to accuse the trained nurse in general of being unpatriotic because she has failed to respond in suitable numbers.

Rather go slowly in such a matter, and acquire the nurses who possess the necessary mental, moral, and womanly, as well as professional, qualities for this work than have an overflow of applications of unsuitable women. Those who might perhaps be first to respond would be least suitable for the work.

Many nurses who as private nurses or doing hospital work have an excellent record would in time of war or national calamity be found sadly lacking in some of the very necessary qualifications. Therefore

the nurse who would conscientiously and honestly wish to enroll her name on this list must take time to give the matter serious thought.

This may seem an easy matter to do, but when we consider, as a rule, what a busy life the average trained nurse leads, and how constantly her brain as well as her hands are at work, we will quickly see that it may take a little time to give the subject the necessary thought. Then there are, too, the nurse's *other* responsibilities. Of course, there are many nurses who have none aside from their own personal ones. But there are very many nurses who have others dependent on their moral and financial assistance. Can these duties be lightly thrust aside to make room for the purely patriotic one? Perhaps so. But if so, we shall have to give the subject due consideration before deciding.

It is said: "Your services may not be required. We only wish to know that we have such a list of excellent women if needed." Yes, but the very nurses whom they need are those who would not enter the list with this mental reservation. Rather it would be, Shall I go if called on, whatever other duty may require me to remain at home? But could one be entirely happy in doing a duty for one's country knowing that another (perhaps not a higher or holier one, but certainly a more essential one) was being neglected at home?

To the nurses who have no responsibilities aside from their own requirements, and to those who feel they can conscientiously set them aside if called on to do so, I would say, think the matter over seriously, and if you decide you have the necessary qualifications to withstand the hardships, the inconveniences, and the physical and moral temptations which would naturally surround a nurse's life in time of war, and if you feel that you possess the very essential gifts of imparting to those who at such a time would certainly be in, if not the "vale of the shadow of death," at least of sorrow, a ray of sunshine and a feeling that their lives have not been lived for nought, then enlist, enlist at once, and if called on, do your duty faithfully, conscientiously, and to the very best of your professional ability, and, I doubt not, many will rise up and call you, if not blessed, at least, a blessing.

M. F. L.

[This is all very true, but it is over a year since the eligible list was commenced, and there are not yet fifty nurses enrolled.—Ed.]

DEAR EDITOR: A letter appeared in the September issue of THE AMERICAN JOURNAL OF NURSING on the subject of "Trained Nurses—Untrained Nurses." The point under discussion seems to me a decided mistake—namely, to consider the graduate nurse, having completed a course of study and fresh from a course of training both practical and

theoretical, nothing more than a "prob." Considering the work she has accomplished during her two or three years in the hospital service, don't you think she ought to know something more than a "prob"? Does she not deserve a little credit for having completed her prescribed course? If a nurse enters into her work with the proper spirit, don't you think she ought to know something about the care of a sick person? The writer of the letter referred to says: "It was more by good luck than good management that I never lost a patient." Why was it? Was her training so deficient as to cause a lack of self-confidence? Is she to be blamed for uttering a remark that casts a reflection on both her school and her superintendent? Some nurses say that they had only ward patients to care for in the hospital and do not feel capable of caring for private patients. Because people of wealth who live in luxury are those to whom the nurse looks as expecting the larger and better part of her work, is that the reason she should feel incompetent? Didn't she care for her "ward patients" just as well and give them as much of her time and herself as she would a private patient or one who apparently had the "money"? Must the latter class be handled with "kid gloves" and the poor and needy be left to the mercy of a hard-hearted woman who is not worthy the name of "Nurse"? My opinion is that a woman of refinement will never be uncouth in manner or language to the unfortunate ones who come under her supervision or care in our wards. The trouble is that the restrictions are not strong enough to bar out those who are otherwise eligible to our training-schools. Why is it that so few nurses can afford a smile in the "ward" when it would mean half the battle and probably a gleam of paradise to the poor sufferers. A woman ought not to take up the profession of nursing unless she is willing to put her whole heart, mind, and soul into the work and go forth with a smiling countenance and a pleasant word to be passed along. Those who do this derive a great benefit and pleasure from their work. I have visited a great many wards and observed the routine work there, and have seen some nurses doing their work as though compelled to do it rather than considering it a privilege and pleasure to render assistance to the unfortunate sufferers. They do their duty with never a thought of the patient, who looks up yearningly for a smile or a pleasant word.

I do not approve of sending nurses out before they graduate, because their time belongs to the hospital and, as a rule, they forfeit a great benefit which they can derive from lectures and practical experience. A true nurse will go wherever she is sent or called, whether to the home of luxury, or the home of poverty where the mother *feels* rich in the possession of the little life which is fast ebbing out. In such

a home the nurse has the greatest chance to do credit to herself, her school, and her training. A nurse's first duty is to herself. If she is not feeling well and fresh for work, she had better not take a case, because she cannot do justice either to her patient or herself. There is no excuse for a nurse becoming slack and indifferent because she is getting tired out; the physician in charge and her patient will think more of her if she will explain the matter thoroughly and obtain relief for a few days. There are very few people who would object to this when they understand the circumstances.

There is a great deal to be said about the nursing profession, and I, for one, would be very glad to read a few more letters on the subject of "Trained Nurses—Untrained Nurses."

H. C. L., "Class of 1903."

[We think there is still much to be said on this subject.—ED.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]



VACUUM CLEANING APPLIED TO OPERATIVE WOUNDS.—The *Journal of the American Medical Association*, in an abstract of a paper in *Presse Médicale*, says: "Laurens gives an illustration of his little vacuum aspirator, attached to a faucet. It works on the principle of the vacuum cleaning apparatus, sucking all the fluids and loose particles out of the wound. He has found that it reduces the length of otorhino-laryngeal operations, prevents aspiration of secretions, and keeps the wound cleaner than any other measures. It does not siphon out blood, as the mouth-piece is placed over the wound only when there are secretions, blood, and scraps to be aspirated, and is not kept there all the time. Of course, tamponing is necessary in some cases, but in the majority this aspiration technic is sufficient and renders the compress superfluous. The operator has always a clean field before him."

DISINFECTION OF THE TONSILS.—The *Journal of the American Medical Association*, quoting from *Therapie Gegenwart*, says: "Zeuner recommends pastilles made of guaiac flavored with some aromatic substance to be used as a disinfectant and in treatment of the tonsils. Whenever there are any indications of sore throat one of these pastilles slowly dissolved in the mouth will be found very useful to avert further trouble and to cure the pathologic tendency of the tonsils."

EDITOR'S MISCELLANY



EXTRACTS from an address by Dr. Roswell Park to the nurses of the Buffalo General Hospital:

“The most successful physicians are those who have the best business habits; let this be said also of yourselves. You no more want to work, as *you* have to, for those who are able to pay but won't than we do. A physician or a nurse who gives time and services to the poor without thought of return shows a trait of true nobility, but he or she who permits himself or herself to be swindled by a designing patient shows a lack of sagacity or business prudence which is lamentable. When, therefore, you have a pay patient, work upon a business basis; let there be no uncertainty as to the time when your services, and consequently your pay, commence; let the rate per day or week be definitely arranged; if you are to serve with others, let each one's duty be clearly defined; if travelling expenses are to be paid, have it understood who is to pay them. When preliminaries are thus arranged upon an honorable and satisfactory basis you leave the household with regret, having won the esteem of the family.

“Many trying questions, difficult or impossible to answer, will be given you. Some will tax your ability, some will for the time being destroy your composure, and some will provoke more than a smile. You will be asked, for example, whether Dr. A. is not a great deal better for children than Dr. B.; whether Dr. C. ‘always talks’ that way to everybody; whether Dr. D. ever had another case just like this one, or if it is really true that Dr. E. is smoking too much. You will be expected to state why it was that Mrs. K. couldn't get on with that last nurse she had; why Mrs. L. didn't change doctors before her second child was taken so sick; whether it is really true that they experiment on patients at the hospitals; whether it will prevent hydrophobia if the dog that bit the little boy be killed right away before the boy shows any symptoms; whether a horsehair left in the water really does become a snake. All these and many other equally irrational or nonsensical questions will be put to you in serious earnestness by people who ought to know better than to ask them, and you will be expected to answer in good faith or weaken the questioner's confidence in your ability. If there be anyone who sees more of the foolish and unreasoning side of human nature than a doctor, it is a nurse. If I seem to draw many parallels between your work or observations and ours, it is simply be-

cause our pathways lie side by side and because I talk to you of what I have seen and heard.

“Unpleasant and disconcerting as such idle talk may be, it must find its compensation in the many warm friends you make, in the many kind words you shall hear, and in the many glimpses into warm and generous human natures which such opportunities as yours afford.

“I have endeavored to remind you of what has been accomplished by your sex, and here venture to hope that if chance or fate should ever place any of you in similar positions you may so acquit yourselves that the world shall be as proud of you as we shall. Opportunities of such magnitude are offered to very few in any walk of life; ten times equipped for ordinary work is the man or woman who rises equal to occasions of such grandeur. Not twenty in a thousand can thus demonstrate their superiority. May you all be enrolled among the twenty.

EXTRACTS from an address of Dr. C. C. Rinehart to the graduating class of the Homœopathic Hospital, Pittsburg:

“To-night you enter upon your world-work, for which your course in the hospital has been the preparation.

“Do not be satisfied with anything short of being the best you can. Emerson says, ‘Hitch your wagon to a star.’ Fix your mind on what the perfect nurse should be, and make every endeavor to become as near that ideal as possible.

“Remember that ‘whatever is worth doing at all is worth doing well.’ Be dutiful, tactful, patient, observing, and conscientious in performing every duty devolving upon you.”

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“Do not be discouraged by the ungratefulness of patients. Gratitude rapidly diminishes as the patient approaches recovery in many cases.

“Remember that as much or more depends upon you as upon the physician, and your fidelity, patience, and endurance may win the day in your battle against disease.

“Keep up with the times, treasuring up everything of value to you in your profession to be intelligently used when occasion demands. ‘In an art preservative of human life ignorance is not a fault, it is a crime.’

“That you should receive a proper recompense for your labor is right and proper, but this should not be the whole or even the major idea involved. One should have a much higher motive in a calling such as this that you have chosen.

“It is true that ‘The laborer is worthy of his hire,’ but there are some professions that should be above the sordid recompense of labor. Money cannot pay for the labor of love.

“In the ministry of the Gospel we should be loath to think any man had entered it for position or simply as a means of making a living. To carry the Gospel message means more than a monetary recompense. It is a calling.

“When we enter the field of medicine there is something much greater than the dollar that may become ours as a result of our labor. It is a calling. When you became nurses had you no higher thought than that it was a means of making a living you have wasted precious time, you are unfitted for your chosen career. It is a calling.

“The blessed opportunities for doing good that will come to each one of you, if properly used, will make you a blessing to the world and a benison in the sickroom. To this end you should cultivate all the womanly graces, kindness, gentleness, humanity, tenderness, tactfulness, and, above all, Christian character.”

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“Through all the ages those who have been led by the Spirit of God have been inspired to do merciful works, the most merciful of which is to kindly care for those unable to care for themselves. For this purpose hospitals are established, physicians are called, and nurses provided.

“When dread-visaged war between nations has been proclaimed, and preparations for carnage and destruction are under way, with equal readiness the Angel of Mercy unfolds her wings, Red Cross Commissions send their physicians and nurses to the field of battle, that their gentle ministrations may win back the vital spark to friend and foe alike. Think you it is the pay attached to the position that causes these gentle women to endure the hardships and witness the suffering incident to the battlefield?

“The zeal displayed, the tenderness manifested, the privations endured, the constant, unwearied labor performed, the long days and sleepless nights passed in the service of the wounded and dying, are sufficient answer.”

AN APPRECIATION.—Strange, that with all the credit given to humanity for helpful deeds and helpful lives, so little is ever said in the public press in praise of that unique gift of modern Christian civilization, the trained nurse. She is a distinct product of the very best fruitage of all that is noblest and best in the efforts of Christianity to care for man in his most serious needs. For her work she is trained and pre-

pared according to the truest scientific laws. Originally selected because of taste, temperament, physical and mental aptitude, she receives not only the finest instruction that the best professors can impart, but a practical hospital training that qualifies her to handle intelligently and tactfully the great variety of cases committed to her care. Sometimes one proves a failure, but she is weeded out or dropped by a subtle law of natural selection. Those who stand all the required tests and independently take up their chosen life profession are some of the noblest specimens of consecrated skilled womanhood that God ever gave to bless the human race. Neat and attractive in appearance and manner, firm yet gentle, they take hold of their work from their first appearance in the sickroom in a manner that inspires the most absolute confidence on the part of the patient. If he be a man, with a man's natural shrinking from being cared for so entirely by a woman and a stranger, it all disappears in the absolute restfulness of having everything done so perfectly. The quiet modesty and sweet womanliness of her behavior bring a sense of perfect contentment most favorable to recovery. Should any sudden change for the worse occur, she gives no evidence of the fact, but promptly uses those remedies which she always has at hand for such emergencies. She is never taken by surprise, never loses her presence of mind; says little, but that little always cheerfully and encouragingly. Her vigilance is seemingly constant, her resources unfailing. She never asks you what you want, but manages to bring just the right thing at the right time. She is a treasure whose value has no mere pecuniary compensation. She is a benediction. And yet some of us were utterly ignorant of her existence until some unlooked-for sickness placed us at her mercy. Have we described an impossible ideal? Nay, only quietly pictured a beautiful reality, for which no words of gratitude can ever convey an adequate expression.—REV. WILLIAM BRYANT in the *Michigan Presbyterian*.

THE QUACK NURSING PRESS.—Reprinted from the *British Journal of Nursing* of September 16:

“*To the Editor of the ‘British Journal of Nursing.’*”

“DEAR MADAM: As a retired matron, with plenty of time on hand, I have during the past year spent much time in studying the nursing press, and I have been immensely impressed with the fact that all the journals for nurses controlled and, in the majority of instances, edited by themselves are wonderfully staunch to the progressive party and most harmonious in tone, whereas every so-called nursing paper—founded as a commercial speculation and edited by lay persons—is

evidently opposed to coöperation among nurses on a sound, self-governing basis, and most timorous in handling nursing politics. For instance, in England we have the BRITISH JOURNAL OF NURSING, *The Nurses' Journal*, the *Queen's Nurses' Magazine*, and the organs of the following leagues: Bart's, Southampton, Leicester, Chelsea, Parish of Nottingham, Kingston Infirmary, and St. John's House, all edited by trained nurses, all solid for higher education and State registration of nurses. On the other hand, we have the organs of Sir Henry Burdett, Messrs. Macmillan, and the Midwives' Institute, with non-professional control, all either bitterly opposed to self-government for nurses, or oblivious to their best interests, by omitting to support their just professional aspirations, and two of these journals actually gave what little influence they possess to Sir Henry Burdett's scheme for the subjugation of the nursing profession on what he called the 'Rothschild platform,' but to which unscrupulous transaction the Editor of THE AMERICAN JOURNAL OF NURSING gives its right name of 'a plot,' in referring to his recent 'attempt to create an arbitrary body of control for the nursing profession under the ægis of the Board of Trade'—a 'strange proceeding, which was carried on absolutely without the knowledge of the organized nurses of Great Britain, in such secrecy that it might almost be said to have resembled a plot.'

"In America we see the same result. All the journals edited by nurses are staunch to the best interests of nurses, those which are in the hands of non-professional persons quite the reverse. Surely, common-sense and a sense of self-preservation teaches us a sound lesson in these uncontrovertible facts. Why should we make money for Sir Henry Burdett and his emulators in quack nursing journalism? Personally it appears to me a most suicidal policy. The medical profession might as well spend its money and influence in helping publishers and newspapers proprietors to run papers for medical men in opposition to their professionally staffed press, and thus create a quack medical press, to oppose their best interests upon every possible occasion. This matter of the quack nursing press might very well receive some notice from the Matrons' Council. Why should it not be discussed at one of our conference meetings; the discussion would be lively, especially if Sir Henry Burdett and Messrs. Macmillan were invited to reply.

"Yours truly,

"A MEMBER OF THE MATRONS' COUNCIL.

"[We think this an excellent suggestion. A stirring discussion would certainly be insured, to say nothing of 'wigs on the Green.'—*Ed. British Journal of Nursing.*]"

THE "THREE R'S" VS. FADS AND FRILLS.—Concluding his articles in the *The Delineator* on the public schools, Dr. Maxwell, Superintendent of Schools, New York City, has these interesting remarks:

"The public schools are doing what they can to enable the children to become better home-makers and greater home-lovers, to be stronger in body and more ready in application of mind to problems both of the hand and head, and to discover in themselves new aptitudes and gain new modes of self-expression without which, for want of verbal skill, they would be forever dumb. On the other hand, 'book-learning' is not neglected, and as much time is given to the so-called 'essential' branches as the child can utilize with profit. Moreover, this instruction in English, arithmetic, geography, and history, and, in certain of the upper-grade schools, in German or French, is so interspersed with manual and physical training that the child does not suffer from the strain of attention too long continued in one direction. To these so-called essentials by far the greater part of the school day is devoted. In no class is less than 69.5 per cent. given to regular studies, while in five years of the course from 80.8 to 83.5 per cent. is allotted in this way. In the other two years 77.1 and 78.2 are the percentages. In the remaining percentages of the school-week, from 16.5 to 30.5, is done all the work in the special branches and physical training. The use of books and reading receive their due attention through text-books or through the class libraries, which in six months reported a circulation of two million six hundred and eighty-eight thousand four hundred and sixty-nine from their shelf list of four hundred and fifty thousand two hundred and fifty-two volumes. On the other hand, manual and physical training also receive attention in the vacation schools and playgrounds, which, using millions of dollars' worth of city property which otherwise would be wastefully idle, last summer brought happiness to an aggregate attendance of nearly four million.

A BROADENING OF WORK.—The Visiting Nurse Association of Chicago has supplied a nurse to direct the work of caring for sick babies at the fresh-air station located on the grounds of the Northwestern University Settlement, which is located in a very congested section of the city. Babies have been cared for and the mothers taught how to properly bathe and feed their children.

The visiting nurses have also had charge of the tuberculosis camp at Glencoe, established by the Gads Hill Settlement and turned over to Miss Fulmer to manage. Miss Fulmer gives an interesting account of the summer's work in *Co-Operation* for September 30.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

STATE MEETINGS

NEW YORK STATE.—The semi-annual meeting of the New York State Nurses' Association was held at the Natural Food Conservatory, Niagara Falls, N. Y., October 17 and 18. The meeting was called to order by the president, Miss Annie Damer. The invocation was by the Rev. Philip W. Mosher, after which Mayor Cutler extended a most cordial welcome on behalf of the citizens of Niagara Falls. Miss Damer responded with a few well-chosen words. The entire morning was devoted to the regular routine business. The Credentials Committee recommended for admission into the society the Graduated Registered Nurses' Association of the County of Kings and the Alumnae Association of the Buffalo General Hospital. The report was accepted as read and both societies admitted to full membership. The secretary reported that several individuals and the Nurses' Alumnae of the S. R. Smith Infirmary had applied for membership too late to be presented at this meeting. The question of having but one meeting a year, and that one in the fall, was discussed and delegates were requested to bring the matter to the attention of their associations, so that they will be prepared to discuss it when it comes formally before them from the Committee on By-Laws. A most interesting report was rendered by Miss Hitchcock, secretary of the Board of Nurse Examiners. In the absence of the chairman of the Bureau of Information, Miss Damer gave a brief outline of the work Miss Cameron was trying to do. The Nominating Committee was appointed, consisting of the three trustees, the Misses O'Neill, Allerton, and Young, and the Misses Keating, MacDonald, and Lord, elected from the floor. A most interesting paper was read by Miss B. Matilda Unger, a former army nurse, on "Some Difficulties in Nursing in Foreign Countries," followed by a splendid paper by Dr. A. T. Lytle, of Buffalo, on "Materia Medica, Pharmacy, and Therapeutics for Nurses." The delegates were the guests of the nurses of Niagara Falls and their friends on a most delightful automobile trip around the Falls. In the evening a reception was tendered the delegates by the Natural Food Company in their beautiful building. Mayor Cutler and his wife and Dr. Welch were among the guests. Wednesday morning the delegates were again the guests of the local nurses and their friends on a three hours' trolley trip over the wonderful Gorge route. The entire afternoon of the 18th was devoted to the discussion of registration. Papers were read by Miss Dock on the "Progress of Registration" and by Dr. Blackham on the "Place of the Small Hospital and Training-School 'in the Community.'" Dr. Henry L. Taylor, of the Regents' Office, addressed the meeting and answered many questions which were asked on the subject. A more detailed account will appear in the next number of the JOURNAL.

FRIDA L. HARTMAN, Secretary.

COLORADO.—The Colorado State Trained Nurses' Association held a meeting for social and literary purposes in the parlors of the Colorado Sanitarium, Boulder, on October 12. The meeting was opened with a prayer by the Rev. Mr. Wilcox. In the absence of the president Miss L. G. Welch was elected chairman. An amendment providing for this second meeting each year to be held outside of Denver was voted upon and carried. The Board of Directors is to decide upon the nominee for the State Board of Nurse Examiners, which vacancy is to occur in April. The following papers were read and discussed: "Country Nursing," by Mrs. E. Bauder, Denver, read by Miss H. Corey; "The Trained Nurse and Her Education," by Mrs. M. Thurston, Denver, read by Miss W. A. Donaldson; "Yellow Fever," by Miss S. E. Lawrence, New Orleans, La.; "An Opportunity," by Miss L. C. Boyd, Denver; "The Progress of Nursing as a Profession," by Miss C. J. Miller, Colorado Springs, read by Miss L. G. Welch; "Our Responsibility in Regard to the Tuberculosis Problem," by Miss E. P. Jones, Denver; "The Probable Influence of State Registration in the Curriculum and Methods of Training-Schools," by Miss M. McClaskie, superintendent of nurses, Pueblo Hospital, Pueblo; "Ethics in Private Practice," by Miss H. S. Thompson, Denver. The association was royally entertained by the Sanitarium management.

The State Board of Nurse Examiners held a meeting in the Capitol building, Denver, on October 14. In all Colorado now has fifty-eight registered nurses and the board would urge those unregistered to send in their application blanks, as the time-limit is getting very short.

LOUISE C. BOYD, Secretary.

MINNESOTA.—The nurses of the State of Minnesota organized a State Association on October 10 at a meeting held in St. Paul at the Commercial Club Parlors. A constitution and by-laws were adopted and the following officers elected: President, Mrs. Alex. Colvin; first vice-president, Miss Ramkillour; second vice-president, Miss Laura Whittacker; secretary, Miss Ida Cannon; assistant secretary, Miss Marie Jammé; treasurer, Miss Mary Wood; chairman Credentials Committee, Miss Bertha Erdmann; chairman Publication Committee, Miss Anna Mallurgh; chairman Ways and Means Committee, Miss Ada Patterson. There were one hundred and seventy-six applications for membership, and the interest is general throughout the State. It is hoped that the organization will have become so strong that a bill can be presented to the next Legislature, which meets in 1907. The policy of the association will be to go slowly and to be sure of its ground before attempting legislation.

IDA M. CANNON, Secretary,
1043 Laurel Avenue, St. Paul, Minn.

INDIANA.—The Indiana State Board of Registration and Examination will meet in Indianapolis November 1, 2, 3, 4, and 5 to examine credentials, etc. Applications accompanied by diplomas should be filed before that time. The necessary blanks may be obtained by request from Dr. E. C. Sammon, "The Marietta," Indianapolis, Ind.

COURSE IN HOSPITAL ECONOMICS

ACCEPTED STUDENTS.

Miss Aurilla J. Perry, Hartford, Conn.
 Miss Eleanor Wimbush, Royal Infirmary, England.
 Miss Cora V. Nifer, Indianapolis, Ind.
 Miss Jessie Belyea, McLean and Massachusetts General.
 Miss F. Elizabeth Crowell, St. Joseph's, Chicago, Ill.
 Miss Anna Hedges, Brooklyn Homœopathic, Brooklyn.
 Miss Caroline Josephine Durkee, Blockley, Philadelphia.
 Miss Alice L. Smith.

ACCEPTED BUT WAITING TO ENTER NEXT YEAR'S CLASS.

Miss Frances J. Johnston, Metropolitan Hospital, New York.
 Miss Harriet G. Ely, Malden, Mass.

CORRECTED LIST OF DONATIONS TO COURSE IN HOSPITAL ECONOMICS.

1905.

| | |
|---|--------|
| April, Miss Elizabeth Reid (through Miss Dolliver) . . . | \$2.00 |
| April, Miss Grace H. Dodge | 100.00 |
| April, Miss Julia Holes (through Mrs. Lowry) | 3.00 |
| April, Miss Alena Allen (through Mrs. Lowry) | 3.00 |
| April, Miss Hannah Lawrence (through Mrs. Lowry) .. | 3.00 |
| April, Miss Ellen R. McKenzie (through Mrs. Lowry) | 3.00 |
| April, Mrs. Edward Peirce (through Mrs. Lowry) | 5.00 |
| April, Mr. Herbert Walmsley (through Mrs. Lowry) .. | 10.00 |
| April, Miss Janet G. Grant | 10.00 |
| May, Miss Lucy L. Drown | 10.00 |
| May, Miss M. A. Lawson | 25.00 |
| May, New Jersey State Nurses' Association | 50.00 |
| June, Nurses' Associated Alumnae of the United States | 100.00 |
| July, Alumnae Association of the University of Mary- land Hospital | 15.00 |

ENDOWMENT FUND.

| | |
|---|---------|
| April, Miss Paterson | \$15.00 |
| May, Miss Winona Peterson | 10.00 |
| June, Lebanon Alumnae Association, New York City | 5.00 |
| August, Miss M. C. Wheeler | 10.00 |

[The JOURNAL is being very much inconvenienced by reports, announcements, marriage notices, etc., etc., being sent in so late for publication. We do not care to give space in regular numbers to such material that is two or three months old. We ask alumnae officers to see to it that material is sent more promptly, that the JOURNAL can be gotten out on time, the first of the month. —ED.]

REGULAR MEETINGS

INDIANAPOLIS, IND.—The Alumnae Association of the City Hospital Training-School for Nurses celebrated the twenty-first anniversary of the organization of the school on the evening of September 11, 1905. Dr. J. H. Oliver, an ex-superintendent of the hospital, kindly consented to be chairman for the evening and presided in his own cheery way. After the invocation by the Rev. T. J. Villers, of the First Baptist Church, Dr. William N. Wishard, who was superintendent of the hospital when the Training-School was opened, made the address of the evening, giving a review of the work done by the nurses from the beginning, setting forth the conditions as they existed in the hospital before the day of nurses. The nursing corps consisted of one female and one male nurse, the male nurse having been a former patient. The internes took their prescription books with them and after seeing their patients and writing their prescriptions went to the drug room and filled them, and in many instances when the patient was at all able the medicine was put on a stand beside the bed and the patient left to take it as directed. He then compared that time with the present with the heartiest words of commendation for the nurses' services in bringing about the almost miraculous change. Both Dr. Oliver and Dr. Wishard spoke in words of highest praise of the work which was so faithfully done by Mrs. McNaughton as matron of the hospital for twenty-five years. Letters of greeting were received from graduates scattered over the United States, Canada, and England. Mrs. Hunt Bryce, second superintendent of the Training-School, and Miss Margaret Woodworth, a former assistant superintendent, graduates from Bellevue, New York, were made honorary members of the association. Miss Bassett, an impersonator of ability, gave several recitations during the programme. The graduates of the school who were present wore white uniforms and caps and the pupil nurses wore the blue uniform of the hospital and cap. The nurses went to Clinic Hall, which was beautifully decorated with palms and flowers, in a body, and left in the same way after the programme. Upon leaving Clinic Hall our guests were invited to the third floor of the Training-School wing, where ice-cream and cake with hot coffee were served to about two hundred at small tables. An orchestra played throughout the evening, and those so inclined danced among the palms on the second floor. A very pleasant social time was enjoyed until midnight, when the guests began to depart and the twenty-first anniversary celebration was but a happy memory long to be held by those present. The delegates and visitors of the Indiana State Nurses' Association, which was in session at this time, were the guests of honor on this occasion.

DENVER.—The Trained Nurses' Association of Denver gave a reception at the Young Women's Christian Association Building to the members of the National Association of Army Nurses of the Civil War while they were in Denver during the Grand Army of the Republic encampment in September. The association decorated the parlors, using the name of the Army Nurses' Association, with the years 1861 and 1865, also bunting, flags, and palms. The national airs were part of the musical programme and fruit punch and cake were served. The members of the Army Nurses' Association present were: Mrs. Fanny T. Hazen, president; Miss Kate M. Scott, secretary; Mrs. Salome M. Stewart, treasurer; Miss Lydia S. Johnson, chaplain; Mrs. Mary F. Gard-

ner, conductor; Mrs. Mary E. Lacey, guard; Mrs. Strait, Mrs. Cole, Mrs. Starbird, Mrs. Dye, Mrs. Frick, Mrs. Lindenbower, Mrs. Stevens, Mrs. Alder, Mrs. Fay, Mrs. Taylor, Mrs. Smith, Mrs. Livingston, Mrs. Chapman, Miss Hancock, Mrs. Duncan, Mrs. Harris, and Mrs. McCray. The Trained Nurses' Association considered it a privilege to accord these women this slight mark of their deep appreciation of the noble work accomplished during the most trying period our country has ever known.

NEWTON, MASS.—A meeting of the Newton Nurses' Alumnae Association was held at the Nurses' Home on Wednesday, October 4, at two-thirty P.M., twenty-four members being present. Miss Riddle, superintendent of the Newton Hospital, also her assistant, Miss Patterson, were present. As the secretary was absent, Miss Drury was elected to act as secretary pro tem. The Class of 1905 were admitted as members by a unanimous vote. They are: Misses Rainsford, Paterson, Lewin, Hamilton, Johnston, Berry, Sibly, Jordan, Forge, Erberstack, Molnes, Barnes, and Watson—thirteen members. The following graduates were also voted in as members: Misses Etherington, Harvey, Duffy, Le Blanc, Wright, McPherson, Doherty, Pheasant, and Jarvis. The following committees were appointed: Membership Committee—Misses Riddle, Harvey, and Doherty; Visiting Committee—Misses McKeil and Melick; Flower Committee—Misses Sullivan, Holmes, and Butt; Entertainment Committee—Misses Oliver, Johnston, Holmes, and Watson. J. D. Thompson and Misses Berry and Murphy were appointed a committee to keep in touch with absent members. After the meeting the members were the guests of Miss Riddle at tea.

PHILADELPHIA.—The regular monthly meeting of the Nurses' Alumnae Association of the Medico-Chirurgical Hospital was held in the parlor of the Nurses' Home on October 4 at three P.M. In the absence of the president Mrs. Schloss occupied the chair. The meeting was well attended. The principal business transacted was the arrangements for a euchre and dance to be given November 22 at St. James's Hall, Thirty-first and Market Streets, the proceeds of which are to be added to the fund for furnishing and endowing a room for sick members. All nurses and their friends are cordially invited.

YONKERS, N. Y.—The annual meeting for election of officers of St. John's Riverside Hospital Alumnae Association was held in New York City on September 28. The officers elected were: President, Mrs. Charity Goerck (reëlected); vice-president, Miss M. I. Davis; treasurer, Mrs. M. L. Lee (reëlected); secretary, Miss K. Mann (reëlected).

NEW YORK.—The first fall meeting of the Lebanon Alumnae was held at the hospital on September 12. The meetings will continue to be on the second Tuesday of each month. Both the September and October meetings were well attended, there being one new member admitted. We hope for a good attendance throughout the winter.

CONCORD, N. H.—The graduates of the Margaret Pillsbury Hospital of Concord, N. H., have organized an Alumnae Association.

BIRTHS

ON September 19, a daughter to Professor and Mrs. Carl F. Schmitt, of Wilkes-Barre, Pa. Mrs. Schmitt was Miss Jessop, Lowell City Hospital, Class of 1898.

TO Mr. and Mrs. T. A. Pickersgill on June 23, 1905, at Wyacombe, Ont., a son. Mrs. Pickersgill is a graduate of the Toronto General.

MARRIAGES

AT Valatie, N. Y., September 20, 1905, Miss Jane Muldowney, graduate of the New York City Training-School, Class of 1903, to James T. Glynn, of Albany, N. Y., journalist.

IN New Bedford, Mass., July 31, 1905, Jennie M. Linton, Class of 1898, Rhode Island Hospital Training-School, to Walter Ward, both of Providence, R. I.

IN Providence, R. I., September 20, 1905, Ruth E. Miller, Class of 1903, Rhode Island Hospital Training-School, to Frank A. Sherman, of Westerly, R. I.

AT Chatham, Ontario, September 16, 1905, Helene King, graduate of the Lakeside School for Nurses, Cleveland, O., Class of 1903, to Mr. William Ireland.

ON July 27, at Adolphustown, Ont., Florence I. Roberts, Toronto General, Class of 1899, to D. M. Allison, M.D., of Williamstown, N. Y.

ON June 5, at Slayner, Ont., Maud Ritchie, Toronto General, Class of 1903, to Mr. Herman Reeve, of Montreal, Canada.

ON July 1, at Dunnville, Ont., Arminta Wisner, Toronto General, Class of 1902, to Mr. A. Bilger, of Toronto, Canada.

OBITUARY

AT a meeting of the Alumnæ of the Lynn Hospital Training-School for Nurses the death of Miss Georgiana Asselstine was announced and the committee drew up the following resolutions:

"WHEREAS, The hand of death has called our sister and co-worker, Miss Georgiana Asselstine, to her reward:

"*Resolved*, That the members of the Alumnæ Association of Lynn Hospital Training-School for Nurses desire to express their deep sorrow for her death, and extend to her family their heartfelt sympathy in their bereavement.

"*Resolved*, That a copy be sent to the family, to THE AMERICAN JOURNAL OF NURSING, and recorded upon the minutes of this association.

"ANNA SMITH CUBTIC,

"MARY A. BYRNES,

"EDITH M. CROWE.

"LYNN, MASS., August 3, 1905."

"WITH deep sorrow we announce the death of Miss Josephine Barr, of Monmouth, Ill., on September 11, 1905.

"Miss Barr was a graduate of the Passavant Memorial Hospital Training-School, Class of 1901.

"WHEREAS, It has pleased our Heavenly Father to take her unto Himself; therefore be it

"Resolved, That we, the members of the Passavant Alumnae Association, extend our sincere sympathy to the bereaved family and friends; and furthermore be it

"Resolved, That a copy of these resolutions be sent to the family of the deceased, to the nursing journals for publication, and be recorded in the minutes of the association.

"B. D. HAMILTON,

"MATILDA OLESON,

"LIZZIE UHE,

"Committee."

At the September meeting of the Alumnae Association of the Bridgeport Hospital announcement was made of the death at her home in New Haven, Conn., of Miss Elizabeth K. Ruth, Class of 1901.

Miss Ruth died Friday morning, September 8, 1905.

A committee was appointed who prepared the following resolutions:

"WHEREAS, God in His infinite wisdom has taken from us our beloved friend and associate, Elizabeth K. Ruth; and

"WHEREAS, The Alumnae Association of the Bridgeport Hospital has lost a valued member, who ever aimed to promote and maintain a high ideal of nursing and of womanhood; and

"WHEREAS, Her memory will long be cherished by her friends for her honest and conscientious fulfilment of duty, for her Christian faith, her courage and fortitude; therefore be it

"Resolved, That the Bridgeport Hospital Alumnae Association express its appreciation of her work and her life, and that they express their sincere sympathy to her mother, her sisters, and her brother by sending to them a copy of this resolution, that a copy be sent to THE AMERICAN JOURNAL OF NURSING, and also recorded in the minutes of the association.

"ANNA L. PORTER,

"JEANIE M. CAMPBELL,

"Committee on Resolutions."



HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE Toronto General Hospital, Toronto, is about to open a wing for the treatment of the poor who are in the incipient stage of mental disease. The vacancy caused by the retirement of Dr. Charles O. Reilly has been filled by the appointment of Dr. J. W. E. Brown. Plans for the new buildings are being considered by the trustees of the Toronto General, and the money is in sight which will make it possible to begin the work at an early day.

TRAINING-SCHOOL NOTES

TEACHERS COLLEGE, Columbia University, New York, announces a two-years' professional curriculum leading to a special diploma in hospital economics as follows:

Fundamental Subjects (12 points)—a point is one hour a week, throughout one half-year:

Education A—General and Educational Psychology—6 points.

Education B—History and Philosophy of Education—6 points.

Major Subjects (30 or 32 points):

Hospital Economics 1a-2a—Methods—2 points.

Hospital Economics 1b-2b—Practical Work—2 points.

Hospital Economics 3-4—Organization and Administration—4 points.

Education 31—Principles of Method—2 points.

Education 88, or School Hygiene—2 points.

Domestic Science 9-10—Household Mechanics and Sanitation—4 points.

Biology 8—Bacteriology—2 points.

Biology 9-10—Human Physiology—4 points.

Domestic Science 3-4—Food Production and Manufacture—4 points.

Domestic Science 5-6—Household Chemistry—6 points.

Domestic Science 15-16—Specialized Course in Foods—4 points.

Elective Courses:

The following are recommended:

Education 101-102—Contemporary Educational Problems—2 points.

Domestic Science 7-8—Foods, advanced—8 points.

Domestic Science 101-102—Household Chemistry, advanced—4 points.

English 3-4—English Usage—4 points.

English 7-8—Oral Reading—4 points.

Fine Arts 3-4—Art Appreciation and History—2 points.

History 3-4—Economic and Social History—4 points.

Mathematics 51-52—Economic Mathematics—6 points.

Physical Education 1-2—Gymnastics—2 points.

Physical Education 5—Descriptive Anatomy—2 points.

Physical Education 13-14—History of Physical Education—2 points.

Physical Education 107-108—Anthropometry, Diagnosis, and Corrective Exercises—4 points.

Physical Science 3-4—Principles of Chemistry—3 points.

Three members of former classes are now studying for the diploma.

Applications for admission or requests for further information should be made to the secretary of Teachers College.

PROGRAMME of the Chicago Society of Superintendents of Training-Schools: *October*.—"Introductory Address," Miss Rose.

November.—(A) "Hospital Discipline," Miss Pickard; (B) "Ethics for Superintendents of Training-Schools," Miss Overholt.

December.—"Preliminary Course for Nurses," Miss McMillan.

January.—(A) "Maternity Work," Mrs. Koch; (B) "Care of Children," Miss Watson.

February.—"District Nursing," Miss Fulmer.

March.—"Study and Practice for Nurses in the Third Year," Miss Ellesworth.

April.—"Who Shall Pay for the Nurse's Education?" Miss Tooker.

May.—Subject to be announced.

June.—(A) "Benefits to be Obtained from the Teacher's Course, Columbia College," Miss Ahrens; (B) "Central Directory," Sr. Ignatius Feeney.

THE corner-stone of the Nurses' Residence Hospital for Sick Children, Toronto, was laid on Saturday, October 7. This residence will cost seventy-five thousand dollars and is the gift of Mr. John Ross Robertson, president of the hospital.

THE Royal Victoria Hospital at Montreal is about to erect a nurses' residence.

PERSONAL

MISS ANNIE LAUDER SUTHERLAND, graduate of the Toronto General Hospital in 1891, and matron of the Lakeside Hospital, Cleveland, O., has been appointed superintendent of nurses at the City Hospital, Hartford, Conn.

MISSSES MAUD BROWN and HELEN KING arrived safely in Dawson, Yukon Territory, and entered upon their duties as head nurses in the Good Samaritan Hospital on September 1.

MISS HELEN SAMSON, graduate of St. Luke's Hospital, New York, has accepted the position of assistant superintendent in the New England Hospital, Boston, Mass.

MISS IDA SHARPE, graduate of the Toronto General in 1893, has been appointed superintendent of nurses at the Long Island College Hospital, Brooklyn, N. Y.

MISS ELIZABETH HANSON, who has been in charge of the Training-School of the Western Pennsylvania Hospital, Pittsburg, Pa., has resigned her position.

MISS BERTHA TOYE, Toronto General, Class of 1903, is now superintendent of the General Hospital, Parry Sound.

MISS JESSIE CHRISTIE, appointed as assistant, Toronto General, in June last, has resigned her position.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING OCTOBER 11, 1905.

ABEL, ROSE E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

Bamber, Isabelle M., transferred from the Division Hospital, Manila, P. I., to the transport Sheridan en route to the United States, arrived at San Francisco on September 13, and assigned to duty at the General Hospital, Presidio.

Cain, Araminta P., graduate of the Lowell Hospital Training-School, Lowell, Mass., Class of 1903, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

Flick, Lucile Edna Sylvia, formerly chief nurse at the Division Hospital, Manila, discharged.

Moore, Margaret, graduate of the Mary Fletcher Training-School, Burlington, Vt., Class of 1900, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

Patterson, Emma B., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

Richmond, Edith L., on duty at the General Hospital, Presidio of San Francisco, under orders to sail for the Philippines Division on November 6.

Shaw, Edith May, on duty at the General Hospital, Presidio of San Francisco, under orders to sail for the Philippines Division on November 6.

Smith, Catharine, graduate of the Arnot-Ogden Memorial Hospital, Elmira, N. Y., Class of 1895, and recently superintendent of nurses at the McKinley Memorial Hospital, Trenton, N. J., appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

Soule, Margaret V., transferred from General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, N. M., for duty.



A MOVEMENT FOR SANITARY KITCHENS.—A movement is on foot in Chicago looking to the passage of legislation permitting the formation of an inspection brigade, to be directed by the Board of Health, whose sole duty will be to examine restaurant kitchens, and to see to it that rules governing the conduct of those departments of eating-houses in regard to sanitation are carried out. Such kitchens are usually in the basement, and those of the cheaper sort are too often dirty and ill-ventilated. Food may be all right when purchased, but when kept for a short time in such places be entirely unfit for use.

Reform in the restaurant kitchen is bound to come in time, and the Chicago idea should be encouraged.

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Annual meeting, 1906, Detroit, Mich.

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President, MISS BATTELLE, Spokane, Wash.
Corresponding Secretary, MISS S. LAURA GOODMAN, The Tourane, Spokane, Wash.

THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT



THE ELIGIBLE VOLUNTEER LIST

WE are very glad that our lack of comprehension of the printed Army regulations upon which we commented last month has brought out a letter from Mrs. Kinney which we are sure will make clearer a number of obscure points in regard to the conditions for enrollment in the Eligible Volunteer list.

Although Mrs. Kinney's letter was quite personal we quote from it for the benefit of our readers. She says:

The JOURNAL is just received and I note with much gratification that the eligible volunteer list is at least exciting interest enough to be discussed. In your editorial you say that the papers are identical for both departments, which is a mistake. I am enclosing the application cards for each service, numbered respectively 1 and 2. You will notice that on the card for the eligible volunteer list nothing is said on the subject of length of service. This omission was purposely made because of the assumption that those who entered this list would only serve during the period of war or national emergency as their services might be required. I would not even approve your suggestion that their term of enrollment be made for one year. It should as above stated, be only for a period covering the "national emergency" for which they had pledged their services. The Government should have no further claim upon them.

The ruling concerning travelling expenses applies to those on the active list. The circular of information concerning the active service is sent with the eligible volunteer application papers in order that the nurses may be informed as to their status, pay and allowances when called into active service; not that, as eligible volunteer nurses, the circular affects them at all as such.

Since forwarding the papers to you for your information and criticism I made the recommendation that the health questions which

had been previously required to be given under oath should be omitted, feeling that if the services of the nurses on the eligible volunteer list were required it was then quite time enough to call for such a statement. The only papers now required by the Surgeon General are those enclosed herewith, namely, a doctor's certificate of the nurse's health, her superintendent's certificate and her application card.

I note that Miss Susan Bard Johnson in her article "Some Reason's Why Nurses Do Not Enlist" quotes from the regulations the requirement that "nurses resigning before the expiration of their term of service will be required to refund to the Government the cost involved in obeying their first order."

Unfortunately she omits the clause which follows, which places in the hands of the Surgeon General the right to waive this provision when, in his judgment, the reason for the resignation is one which entitles a nurse to such consideration. This has always been done by the Surgeon General in cases of sickness, death or other family reasons for which the nurse was in no degree responsible and which required her presence at home. The provision was made to reach those who, having been furnished expensive transportation across the Continent—perhaps to Manila and half-way around the world—after a short term of service think they would like to go home. A *half* truth sometimes may do as much harm as a willful perversion of it.

The crux of this whole situation, I am becoming more and more convinced, is that the matter is taken too seriously. Pray do not misunderstand me when I say this. It is a serious matter which concerns us all most vitally, but when all is said and done, the Surgeon General only asks the graduate nurses to place their names upon a list and express their willingness to serve their country in time of need. This is absolutely all. As has been so often said, if, when the time comes, a frail old mother or a bed-ridden father or other closer claims hold a nurse to her duty at home, she has only to say so and there the matter ends. No nurse applying for a place upon that list is placed thereon until her moral and professional qualifications have been carefully looked up. The standard is set high and serves the double purpose of making admission to the eligible volunteer list an honor and of securing only such nurses to serve their country as those of which their country and their profession may well be proud.

I am glad to be able to inform you that we now have 52 names upon the volunteer list, 33 of which are from the great body of graduate nurses of the country. The rest are ex-army nurses.

Fifty-two is rather a small number when we consider that there should be at least five hundred names on this "roll of honor." It strikes us as being a little strange that the Spanish-American War nurses have not come forward in larger numbers to be enrolled for this emergency service. An organization of six hundred members or more, all of whom have seen service, could certainly make this volunteer list a thing to be proud of.

After reading Mrs. Kinney's letter we are sure the way will seem clearer to many. We still think that without her explanation the papers are "foggy" and we venture to respectfully suggest to the Surgeon-General's office that Mrs. Kinney be instructed to frame a simple circular of explanation to go with these papers now that we are coming to a clearer understanding of what is needed. It is what the official papers do not state that leaves us in the dark.

NURSES FOR THE NAVY

THE Washington "Evening Star" is our authority for the statement that the Surgeon General of the navy has asked to have women nurses employed in the navy medical service. He is quoted to have said, "That women nurses are by natural endowment and aptitude superior to male nurses for much of the duty required in the care of sick and injured men is generally admitted. Every war of modern times has demonstrated this fact. The medical department of the army is now provided with a corps of trained women nurses, and their adaptability to service conditions and efficiency in institutions under military control have been fully established. Their services would be more useful in the naval hospitals, insuring for the sick of the navy as careful nursing as is now given to the sick of the army.

"Valuable assistance, moreover, in teaching and training the men of the hospital corps their special duties of attendance on the sick could be rendered by them, and in the event of war, besides being utilized on hospital ships, they could, in large part, take the place of the men in the naval hospitals, thereby releasing the latter for service with the force afloat where they would be needed. In the opinion of the Bureau provision should be made for one superintendent of nurses to supervise the discipline of the corps, and as many chief nurses, nurses and reserve nurses as may be needed, in the discretion of the Secretary of the Navy. In time of peace the number of such trained women nurses would be very small, but the organization should be such as to admit of ready expansion to meet extraordinary needs without delay or confusion. The recommendation of the bureau that Congress be asked to authorize the appointment of trained women nurses has heretofore met with the approval of the department, but necessary legislation has so far failed of enactment."

We understand that the bureau has renewed its recommendation that legislation authorizing the employment of trained women nurses for the navy be requested of Congress. When such authority

has been secured, as of course it will be eventually, another field of work opens up for nurses. Promotion with rank should be one of the conditions embodied in the navy bill.

THE NATIONAL RED CROSS

IN this department of the July JOURNAL we published a circular giving the plan of reorganization of the National Red Cross Society. It will be remembered that in this circular it was proposed to organize in states so that every person desiring to do so could easily become affiliated with the society. This work of state organization is well under way. In New York there are already affiliations extending throughout the state and among the names of the members are already enrolled those of Miss Delano of Bellevue, Miss Maxwell of the Presbyterian, Miss Wald of the nurses' settlement, and Miss Palmer of Rochester. Miss Delano, who is the Secretary of enrollment, urges all nurses to become members of the Red Cross Society. Such membership would not be a pledge of service, but would give nurses a vote in the management of the Society and aid in its support. The enrollment for nursing service, if we are correct, would be another matter. Application for membership in New York branch should be made to Mrs. W. K. Draper, Sec., 500 Fifth avenue, New York City.

It will be remembered that both the Associated Alumnae and the Superintendents' Association have committees on the Red Cross and that the nurses' place in the reorganization of the National Red Cross has been discussed in both Societies. Now comes a cordial invitation through Miss Delano for all nurses in New York state to full membership in that state branch, and there should be a cordial response. The fee is one dollar per year.

We will take up this subject again. In the meantime we would like to know what is being done in other states.

THE FUTURE OF THE ALUMNAE ASSOCIATION

WITH the great extent and rapid development of our nurses' organizations in the last few years,—the State Association especially, with their serious undertakings in law-making and in helping to administer the law, we find ourselves confronted with many puzzling and rather discouraging questions as to the present liveliness and future vitality of our local organizations. It is no doubt owing to the greater urgency

and excitement of state work that there appears to be now a somewhat apathetic period in the history of many of our Alumnae Associations. To a certain extent this apparent dulness and loss of interest among members of local groups, the necessary counterpart of the unusually strenuous work done in larger and more public lines, is causing discouragement to the club or alumnae officers, and we receive many appeals for advice, and suggestions, as to what can be done. How keep up interest in a dormant or, apparently, dead alumnae? How stimulate and bring the members together? What is to be the future of the Alumnae Association? Is the sense of responsibility fading? These and similar questions lie heavily on the minds of faithful officers, and we purpose during several numbers discussing the matter from a broad general standpoint, and invite attention and response in the way of discussion. We have always felt that live and earnest local groups, take they what form they may, are the indispensable foot-stools on which our universe rests, and we shall endeavor earnestly to meet the question of the apparent falling away of individual interest.

A NOTABLE COMBINATION

AFTER November 1st, "Charities" of New York, and "The Common" of Chicago, will be merged. The combined weekly journal is a distinctly American idea—more or less of a Co-operative undertaking among those who know conditions first hand and are shouldering such movements as housing and child labor reform, the prevention of tuberculosis, and the social utilization of public schools. The editorship will be in the hands of Edward T. Devine, of New York, and Graham Taylor, of Chicago.

While neither periodical has hitherto gained a general circulation they have been read to a remarkable degree by editors, teachers, public officials, the executive officers of organizations, and others who get at public opinion of the community.

To develop this educational work along national lines, a publication committee has been organized with Robert W. de Forest, former Tenement House Commissioner of New York, as chairman, and including Jane Addams and Margaret Dreier Robins, of Chicago; Jacob A. Riis, Frank Tucker and Robert S. Brewster of New York; Daniel C. Gilman, Baltimore; Robert Treat Paine, Arthur F. Estabrook, Joseph Lee and John F. Moors of Boston; Simon N. Patten, Philadelphia; and S. W. Woodward, Washington.

THE VISITING NURSE QUARTERLY

A NEW quarterly magazine saw the light in October, published by the Visiting Nurse Association of Chicago and edited by Miss Fulmer. In the introductory note the statement is made that the main object of the publication is for compilation; that all matters on District Nursing may be gathered in compact form.

The first number is devoted principally to the reports and papers read at the Portland Convention, Miss Rogers address on "Nurses in the Public Schools" occupying the body of the magazine. It also contains the rules for contagious disease and maternity work as carried on by the Chicago Association, a report of the work of school nurses in Chicago and many helpful items and suggestions bearing on visiting work.

This little magazine should be made very valuable to district nurses if it is properly supported and contributed to by those engaged in that particular line of work and we wish Miss Fulmer every success in her venture.

The subscription price is one dollar. The next number will come out in January, the pages closing on the fifteenth of that month. Miss Fulmer urges all district nurses to make an effort to send her something before the next number goes to press.

PROGRESS OF STATE REGISTRATION

THE annual meeting of the Graduate Nurses' Association of the State of Pennsylvania was held in Newcastle on October 18, 19, 20. That the Pennsylvania nurses are pushing matters is shown in the fact that ninety-four new members were admitted at this meeting. The by-laws have been amended and reprinted and judging from the full report found in the Official Department the Society is in a flourishing condition.

Miss Margaret Whitaker, of Philadelphia, has succeeded Miss Brobson as President.

With the political revolution that is taking place in Pennsylvania we predict a more successful result when the nurses' bill is brought forward again.

NEW YORK

In New York State the last of the practical examinations will be held in January and the full examinations begin at the same time.

For the full examinations nurses who entered a training school after April, 1903, and have graduated from a two years course are

eligible for this first full examination, provided the schools from which they have graduated are registered with the Regents.

The full examinations will be both practical and theoretical: the practical will consist of demonstrations by which means the nurses will show their manual skill; the written examinations will include elementary bacteriology, elementary *Materia Medica*, and anatomy and physiology; diet cooking, medical nursing including contagious nursing, surgical including gynecological nursing, nursing in diseases of children, with obstetrical nursing for women applicants, and for men genito-urinary nursing.

Nurses who are eligible for either of these examinations should write at once to the Education Department, Albany, N. Y. for the necessary papers.

We shall discuss at some length in an early number the subject of the affiliation of large, small and special hospitals in New York State. We find that such affiliations are being entered into to a much greater extent than we had realized, and that the influence of the New York law is becoming more and more widely extended.

DO WE NEED HIS CHARITY

SIR HENRY BURDETT is over here again agitating the question of a pension fund which he offers to manage if some one else will find the money. Having failed to interest nurses in his scheme when he came to this country some ten years or so ago, he has now made his appeal to the doctors who he seems to think are interested in providing old age pensions for nurses.

There is no question but that nurses need to consider seriously the question of provision for old age but until we can get up energy enough to make such provision for ourselves, let us each in turn retire gracefully to the poor-house rather than permit an outsider to come over here and manage such pensions for us, and especially an Englishman who is not over popular with the more intelligent nurses of his own country.

American nurses are not to be deluded by flattery; they know their own worth and they know whom they have to thank for the progress that has been made in nursing the world over, and while a man like Sir Henry Burdett may gather around him a small following, the independent, self-respecting American nurse will not be deceived as to the true motives of his visit to this country.

We want to remind the nurses of the United States that Sir Henry Burdett is the Editor of "*The Hospital*," a magazine in England having

a nursing department which has maintained for years a steady opposition to every plan that the nurses of England have attempted to carry out for their own independent life, and for higher standards of nursing education.

OUR NEW COLLABORATORS

OUR list of Collaborators is now complete and we give the names of those who have signified their willingness to work for the JOURNAL's literary and professional advancement.

With such a staff of collaborators as we now have enrolled the JOURNAL cannot fail to become more interesting to our readers and its field of usefulness be widely extended.

We have requested the entire staff to make a special effort this year to secure notes and papers from private nurses which shall show the result of their own practical experience. We want it to be clearly understood that papers written by nurses are always given first consideration in our pages and that we prefer articles written by nurses before all others.

The following are the names of the new members of the staff:

MISS MATILDA L. JOHNSON superintendent of nurses of the visiting nurse association of Cleveland, Ohio. She is a graduate of St. Luke's hospital of Chicago, and is one of the active workers for state registration in Ohio.

MISS LOUISE CRAFT BOYD a graduate of the training-school for nurses connected with the county hospital of Denver, Colorado. She has held institution positions and has also done private work. She has been one of the leading spirits for state registration acting as the secretary for the Colorado state nurses' association and since the law was passed has been secretary of the nurse board of examiners.

MRS. E. G. FOURNIER is also one of the leading workers for state registration in Indiana, being the president of the state association and a member of the board of examiners. She is the superintendent of Hope Hospital at Fort Wayne, Indiana.

MISS FRANCES M. QUAIFFÉ is a graduate of the New York Hospital and has held the position as superintendent of the Touro Infirmary at New Orleans for the past nine years. She has also been active in state registration work.

MISS MARIE R. JAMMIE is the superintendent of the visiting nurses' association of Minneapolis, Minn. She is a Johns Hopkins graduate and lives with her family in Minneapolis.

MISS GRACE E. BAKER is the superintendent of St. Luke's hospital in Cedar Rapids, Ia. She became a subscriber to the JOURNAL while yet a pupil and has always been a quiet worker in its interests.

DR. ALICE M. SEABROOK was a graduate nurse before studying medicine. She is the superintendent of the Woman's Hospital, Philadelphia, and is very much interested in nursing progress in Pennsylvania.

MISS LUCY C. AYERS is a graduate of the Boston City Hospital, and is now the superintendent of nurses in Rhode Island hospital in Providence. She is one of the public spirited women who are working in the interest of state registration.

MISS MARTHA J. WILKINSON of Hartford, Conn., will represent the JOURNAL's interests in that state. Miss Wilkinson has the JOURNAL's future very much at heart and we shall look for more frequent contributions from Connecticut to its pages through her efforts.

MISS IDORA ROSE is a graduate of the Illinois Training-school and succeeded Miss McIsaac as superintendent of that school. She has been for a long time a quiet worker for the JOURNAL, but now consents to have her name placed in the list of those women who are recognized as its professional supporters.

MISS SWEENEY, Secretary of the San Francisco County Association, will represent the JOURNAL's interests in California.

THE TRAINING SCHOOLS OF THE PACIFIC COAST

WE want it to be distinctly understood that we are not writing of the training schools of the Pacific Coast in a spirit of criticism. Our visit was too short, and such inspection as we were able to make entirely too superficial for us to presume to speak with either criticism or authority, but our visits, taken as a whole, made a distinct impression about which we think it possible some of our readers may be interested to hear.

At the present time, so far as we could learn, the majority of the schools on the other side of the Rockies, are in charge of women trained in the East, many of them women who had made a record in training school work before going to the West, the greater number having been in these positions only a short time. The notable exceptions to this, however, among the women whom we had the pleasure of meeting, were Mrs. Pahl, a graduate of the Illinois Training School, who has been at the head of the Good Samaritan Hospital at Los Angeles for

eleven years; Miss Loveridge, a graduate of Bellevue, who has been at the Good Samaritan Hospital in Portland, Oregon, for fifteen years, and Miss Hall, a graduate and former superintendent of the Seney Hospital, Brooklyn, N. Y., who has been superintendent of the Seattle General Hospital, Washington, for five years.

So many of the hospitals that we visited or heard of had changed their superintendents within the year that we wondered if the movement for State registration was not resulting in a general reorganization of the Pacific slope schools.

The Western women who had been trained in Western schools impressed us as being especially fine specimens of womanhood; of course of their technical training we had no opportunity to judge but such women as Miss Genevieve Cooke, Editor of the Nurses' Journal of the Pacific Coast, Dr. Helen Parker Criswell, chairman of the legislation committee, and Miss Teresa McCarthy, secretary of the California State Nurses' Association, stand for all that is highest and best in our professional life.

We had an opportunity of meeting the pupils of several schools and it seems to us that from the standpoint of physical development they were superior, and in intelligence fully equal to the average pupils in the East.

There would seem to be no reason why Western schools, especially those organized and conducted by eastern women should not produce as fine a type of nurses as can be found anywhere; the only point of difference would seem to us to be in the spirit of commercialism to which we have previously referred, which seems to prevail in hospitals in that section of every class. It would seem almost impossible for pupils trained in hospitals that care for no charity patients, to have inculcated into them the highest motive which should dominate the nurse's life—the true spirit of philanthropy.

From the standpoint of our New England bringing up, any "Good Samaritan Hospital" that does no charity can hardly be fulfilling its mission.

We found in all of these hospitals, and most especially where the women at the head had not been long from the East, a very keen appreciation of this lack of provision for the poor, and we believe that these women cannot fail to exercise a very strong influence in changing the policy in many of these institutions. They have an unawakened public and a commercial medical attitude to combat, but the influence of a good woman must always be felt in a public institution.

In what are known as general hospitals, in which class are in-

cluded the church institutions, provision is made for some ward patients paying as low as seven and ten dollars a week, and it is from such training schools that the women who impressed us so favorably have been graduated.

The large "hotel" hospital training schools conducted by corporations of physicians are another problem; in these places money is the first consideration.

The argument used by the promoters of such schools is that nurses are to take care of the rich after they graduate and they can be best equipped in private hospitals where they have only the rich to serve. On the other hand we were told that those private patients could never be used as clinical material; that the head-nurses and superintendent never felt at liberty to go into a private patient's room to superintend the work of a probationer, and that it was quite impossible to watch the development of young nurses in the strictly manual part of their work because patients paying high prices objected to any supervision; a much to be deplored attitude both in the interest of the nurse and patient.

We were especially impressed as we went from city to city with the lack of comfortable provision made for the nurses when off duty, crowded dormitories and inadequate cottages being the ordinary makeshift. There were some notable exceptions, however.

The Children's Hospital in San Francisco has an exceedingly comfortable nurses' home; this is a large hospital caring for all classes of women and children.

The City and County Hospital of San Francisco has a detached nurses' home corresponding in its lack of comfort with the Hospital. The Fabiola Hospital in Oakland has an exceedingly pretty new building in the Mission style of architecture; the little hospital at Pasadena has a very comfortable little home which is fast becoming inadequate for its needs, and the Good Samaritan in Portland has recently completed a large and attractive home for its nurses.

We visited one very beautiful "hotel" hospital; but were not shown the nurses' quarters, and were told afterward that their apartments were arranged with "bunks" one above the other!

We were not invited to see the sleeping apartments of any of the large "hotel" hospitals which we visited, and we drew the conclusion that where "dividends" were so great a consideration, little money was expended either for the comfort or education of the nurses.

When the West awakens to a full appreciation of the needs of its people for hospital care and the whole great question of the training

of nurses, we believe the development will be more rapid and upon broader lines than that of the East; in most places the foundations are being well laid and there will not be so many traditions to overcome as in the older sections.

On our return journey we stopped at Spokane where we visited two exceedingly fine hospitals, one conducted by the Sisters, and the other St. Luke's, under the auspices of the Episcopal Church. In this city we found many eastern women and were most charmingly entertained.

Still nearer home we stopped at Minneapolis, where the same spirit of Western cordiality prevailed, and for two days were the guests of both St. Paul and Minneapolis nurses. A splendid gathering of women from both cities honored us by their presence at the meeting held in Minneapolis to consider the whole broad question of State Registration.

Our summers' journeying came to a close after a "week end visit" with Miss McIsaac and "Euphemia, Tom and Billy" at the New Cranford, where we found all of the romance of surroundings and the charm of a peaceful home which Miss McIsaac has so graphically described in her sketches.

We gathered up the lines of the Journal work and turned our faces finally homeward, with the consciousness that we were closing one of those very rare experiences that comes to few women in a lifetime. We had entered city after city to be met by a host of cordial strangers, and had departed each time with the regret that one feels in leaving long tried and loving friends.

Such has been the influence of our dear "Journal" that there is no longer any East or any West in nursing but a great sisterhood of privileged workers who are united by a common motive, the alleviation of suffering and the uplifting of nursing standards.

TO OUR READERS.

We ask the indulgence of our readers for any errors or omissions in the present and the next few numbers of the JOURNAL.

Our publishers, with many other of the large publishing houses in the country, have been involved in the printers' strike and we feel very thankful to be able to get out the number with so little delay, knowing the great difficulties that have been overcome by our publishers in order to accomplish this.

TUBERCULOSIS WORK OF THE INSTRUCTIVE VISITING NURSE ASSOCIATION OF BALTIMORE

BY ELLEN N. LA MOTTE

TUBERCULOSIS NURSE

Graduate Johns Hopkins Training School

EVER since the Instructive Visiting Nurse Association was organized in 1896, the nurses of the association have had constantly under their charge a certain number of patients suffering with pulmonary tuberculosis. No special effort was made to secure these patients, but, on the other hand, they were taken care of as a matter of course, as were typhoid, pneumonia, and other medical cases, and the nurse of each district always had on her visiting-list a constant but variable number of consumptives, usually in the later stages. After the Tuberculosis Expositions held in Baltimore in January, 1904, and the subsequent arousing of public sentiment on the subject of the relief and suppression of the disease, a sum of money was collected through the efforts of Mrs. William Osler for the maintenance of a nurse whose sole work should be devoted to patients of this class, and at Mrs. Osler's request this special nurse was placed under the direction of the association. In March, 1904, the tuberculosis nurse assumed her duties, and the consumptive patients of the various districts, hitherto under the care of half a dozen different nurses were then placed in the care of one. By this means the regular district nurses were left free for more acute and urgent cases, and the tuberculosis patients were taken in hand by a specialist, whose entire time was devoted to the relief of this particular disease. The first tuberculosis nurse was Miss Nora Halman, who did the work for three months, and was succeeded at the end of that time by Miss Woodward, who did it for six months.

Tuberculosis nursing, or, more properly, tuberculosis work, differs from ordinary district nursing in a great many particulars. In the first place, there is very little real nursing care that may be given to the patients. Consumption is a chronic rather than an acute disease, and until the last very few patients are confined to bed. Some of them go to bed only a week or so before the end, and many do not even do that, but continue up and dressed until the very day of their death. Of the two hundred or more patients at present on the list of the tuberculosis nurse only about a dozen are confined to bed. Even then there is very little to do for them, as, unlike other cases, there is no special treatment to be given, no irrigations, spongings, dressings, and

the like, as in cases of acute fevers or surgical disorders. A bed bath, an alcohol rub, and attention to bedsores are about all that the nurse can do for the patient, and all of these are simple measures which she may readily teach some member of the family to perform with perfect efficiency. The greater part of the work, therefore, is instructive and preventive, and means carrying the campaign of education and enlightenment directly into those households in which the disease originates and from which it is disseminated. The chief force and significance of it lies in the personal instruction, adapted to the individual needs and requirements not only of those persons who have tuberculosis and are spreading it, but of those who are exposed to the disease and are in danger of contracting it.

Tuberculosis is a disease that is bred and spread in unsanitary, overcrowded, and poverty-stricken households, members of which, in the capacity of domestic servants, laundresses, dressmakers, teachers, and the like pass on the infection in ever-widening circles. The visits of the nurse to these households means bringing the knowledge of sanitary living and preventive care directly into the homes of the people most in need of such knowledge. The individual is reached as he can be reached in no other way, for there is no other form of education that can bring forth such results as the personal education of each individual and household.

The work of the nurse consists in regulating the plan of life of each patient under her charge, and of supplying him when necessary with the means of following out these instructions. The different headings under which instruction is given are as follows:

I. AIR.—The necessity of fresh air is to most consumptives a novelty. The first visit to a patient generally finds him lying in the dark "middle room" or a suffocating corner of the kitchen, that he may protect himself from draughts and the danger of taking "cold," and in almost all cases the prejudice against night-air has to be overcome. As a result of the instruction about fresh air and ventilation a great deal is accomplished, and in a few instances patients have been induced to sleep out-of-doors. The nurse likewise inspects the premises with a view to finding a porch or place in the yard for a hammock or rocking-chair where the patient may spend comfortably many hours a day in the open air, for that he shall be comfortable out-of-doors is the main point, since the moment he finds himself in the opposite state he returns to his seat in the kitchen. Occasionally a case is found in which the patients obeys too literally the advice of being out-of-doors as much as possible, one instance being that of a man who was told to go to

the Park every day. This he did, remaining there from seven A.M. to seven P.M. without a mouthful of food, in addition to which the fatigue caused by sitting all day long on the hard benches produced such a state of exhaustion that it more than counteracted the benefit of the fresh air. The nurse's suggestion of a steamer chair in the patient's large back yard, by which he might get air, rest and food at the same time, has since been utilized with good results.

II. **FOOD.**—The attention of all patients is directed to the necessity of taking (in addition to their regular meals) large extra amounts of highly nourishing food, such as milk and eggs. A few patients can buy these for themselves, but the majority of them cannot, and through the generosity of one of the charity agencies in Baltimore such patients are provided with milk and eggs in unlimited quantities and entirely at the discretion of the tuberculosis nurse. Coöperation with this agency has a value whose significance it is hard to determine, so great is it. Not only does this distribution of milk and eggs produce the greatest improvement in the health of the patient himself, but it renders it possible for the nurse to bring about changes in his mode of life which she could not otherwise accomplish. As has been said before, in tuberculosis work there is so little actual nursing to be done, so few little personal services to be rendered the patient in exchange for which he will consent to follow out the nurse's advice, that were it not for this gift of milk and eggs fully one-half of the nurse's instructions would pass unheeded. Consumption nearly always means poverty, and a savage half-starved man will not listen to directions about the proper disposal of sputum, etc., much less obey them, especially since their fulfilment not only does not benefit him personally, but tends, moreover, to deprive him of his personal liberty. But when he finds that something is offered which will actually be of benefit to himself, even the most obstinate will come to terms, and a bargain may be made with him, his side of which is carried out more carefully as his health improves. A patient soon learns to depend enormously on this daily supply of milk and eggs, and the slightest hint that they will be withdrawn if he is not able or willing to fulfil his share of the compact, is often sufficient to obtain excellent results. One man, the father of six small children, obstinately and maliciously refused to use a sputum cup, and persistently expectorated on the floor. Neither reasoning nor persuasion could accomplish any change, but threatening to stop the daily supply produced instant results. It is unfortunately true that there are numbers of patients who can only be reached by this means.

III. **PROPHYLAXIS.**—Under this head comes the most important

and difficult part of the work, and it includes all those measures which make for the protection of the family and community. The proper fulfilment of these conditions depends upon the coöperation of the patient himself, the person least benefited and most hampered by their requirements, and it is upon his desire or ability to carry them out that the safety of the family depends. The patient may be made to sleep in a room by himself, or, at least, to have a bed to himself (cots are supplied when necessary by the association), and as far as possible carpets and other dust-collectors are removed; the family is given instructions about isolating the dishes, disinfecting the bed-linen and personal clothing, etc., measures which are carried out with a fair degree of accuracy; but the real trouble lies in the proper care and disposal of the sputum. This is a matter that lies entirely with the patient himself. A few, possibly a quarter, of the total number are of a better class socially and morally, and by the conscientious and careful use of sputum-cups and paper napkins honestly do their best to protect their families. A very small number belong at the opposite end of the scale. They are extremely ignorant (negroes chiefly) and follow with blind faith all instructions given them, aided by the superstitious belief that the burning of the sputum in some unknown way rids them of their disease. Between these two extremes lies the great mass of disease-spreaders, the education of whom lies entirely in the hands of the nurse. The majority of them are anxious to do what they are told, but though eager to follow they are incompetent to fulfil. This failure is chiefly through ignorance, and it is only through the constant visits of the nurse, who by repeating the same things at each visit thus recalls what has been forgotten, that these patients may be educated to a point where they are no longer centres of danger to the community. The instructions of one visit are inadequate. The rudiments of the requisite prophylaxis can barely be acquired in that time, and in many instances after a dozen visits the nurse is not sure that her instructions are comprehended, much less obeyed. As an example of the small value of a single visit alone, a physician reported a case to the nurse, saying that he had furnished the patient with the necessary supplies (sputum-cups, paper napkins, etc.) and had also given her ample instructions as to their use. When the nurse called a few days later no sign of the supplies was visible, and on inquiry it was discovered that they were still in the bundle in which the doctor had brought them, the only difference being that the patient had torn a small hole in the wrapping-paper in order to satisfy a little natural curiosity as to what the package contained. The importance of incessant care has to be impressed at

each visit, and even then there are many ways by which such care is ingeniously evaded and which are impossible to foresee. A patient who uses his sputum-cup fairly carefully in one part of the house forgets to carry it into another, and there uses a spittoon. One man with whom the nurse was talking stood on the doorsteps with his cup in his hand and suddenly spat in the street, giving as explanation that he often did that in order to save his cup. Another patient, a woman, who after several visits had reached (as was supposed) a fairly satisfactory degree of training, proudly told the nurse one day that she had made a great discovery—*i.e.*, that the pasteboard fillers burned far more easily when empty, consequently she always poured the contents of her cup into the gutter and then burned the empty box. These faults of ignorance are, of course, easy to correct, but a more difficult problem presents itself in dealing with those patients who do not wish to bother themselves with the use of cups, yet here too, after a time, fairly good results are often obtained. One man was extremely acquiescent, but disobedient about using his cup, yet each time promised faithfully to do better. One day he was sitting on the doorstep, and as the nurse came down the alley she heard a loud whisper, "Give it to me quick—here she comes!" and the cup was hastily handed out to him through the open door. This was at least a recognition of what was expected of him, and in time this patient became used to his cup, found it a convenience, and is now a neat, well-trained consumptive. There are, of course, a certain number of incorrigible cases,—wilfully and hopelessly disobedient,—and in those cases little can be done. Still, the mere fact that a nurse comes to see them, is interested in them, and expects and hopes for certain things from them is an educational factor of no mean value. It is a noticeable fact that the families of these wilfully careless patients arrive at a far livelier sense of the importance of protective measures than do those of patients who are more considerate and careful.

IV. FUMIGATION.—To report to the City Health Department such houses as require fumigation after having been vacated by a consumptive occupant is one of the most important duties of the tuberculosis nurse. Under the laws of Maryland ample provision is made for this disinfection, which is done by the Health Department upon the request of the "householder, physician, or other person having knowledge of the facts," and by the complete and extensive fumigation of these infected houses the city is definitely rid of just so many centres of infection. The fumigation required in these cases is nearly always extensive, involving the entire house, as consumption is a house disease, not a room disease, like diphtheria and scarlet fever, consequently the

disinfection to be adequate must include the whole house, in which the patient has been living and coughing for anywhere from three months to as many years.

Out of the number of houses reported for fumigation almost one-half were reported in cases where the patients had moved to other quarters; in these cases the nurse was the only person "having knowledge of the facts," consequently the only person able to notify the health authorities of these conditions. The physician is able to play but a small part in reporting these houses for this reason—he is not a constant factor in the household of a consumptive patient. Also among patients of this social class the "family physician" is almost unknown, it is the physician of the neighborhood who is called in and is "paid off" at the end of each visit and who, consequently, is not in a position to keep up with the movements of the tuberculous patient. In many instances, after the diagnosis has once been made the doctor is not called in again until he is needed to sign the death certificate, which may be anywhere from a few weeks to a year or two later. The nurse thus, as said before, is in *nearly one-half* of the instances the only person able to report a vacated house to the health officers, and the only "person having knowledge of the facts" who is able to prevent a family of healthy people from moving into apartments that are infected in every room with the tuberculosis organism.

The calls to cases of tuberculosis are not limited to one hospital or dispensary, but come from all sources—physicians, dispensaries, hospitals, charitable organizations, and private individuals. Each of these cases as it is turned over to the nurse is registered by her with the State Board of Health, which in return provides the association with all the sputum-cups, paper napkins, fillers, etc., needed for distribution among these patients. The new calls average fifty a month, and a visiting-list of about one hundred and seventy is maintained. With so great a number of patients to attend to, it is, of course, impossible for the nurse to visit any individual more often than on an average once in ten days or two weeks.

In the case of very ill patients, however, more frequent visits to them are managed by lengthening the intervals between calls to those patients who seem better able to take care of themselves. By thus dividing the patients according to their conditions into groups and visiting the patients in one group at greater intervals, and those in another group at shorter intervals, the work can be satisfactorily arranged.

As regards the benefit derived by the patient himself, for the individual little can be done. Patients of this class who have got tuber-

culosis cannot afford to get well or cannot afford to stay so. A certain number of economic cures may be reported, however, that is, cases in which sufficient improvement has been made for the patient to be able to return to some form of employment, but for the most part the individual is doomed. The benefits of this work are not for him, but for the community.

SUMMARY OF WORK.

PATIENT.

1. INSTRUCTION.—Such advice given as will tend to promote recovery or improvement. Value of food, open air, rest, and hygienic living. Proper disposal of sputum and use of cups and napkins, etc. Necessity for sleeping alone.

2. NURSING CARE.—Bed bath, alcohol rub, attention to bedsores, etc. Very little of this nursing care is required.

3. MATERIAL RELIEF.—In necessary cases patient is supplied sick diet (usually milk and eggs); cots, wheel-chairs, rubber rings and other requisites are lent by the association. Clothing, etc., furnished when necessary.

4. AFTER RECOVERY.—After patient has improved sufficiently to return to work he is regularly visited (at longer intervals) and advice given to him or his family which will tend to maintain improvement or ability to work. Patients grow very careless about themselves when in this state and much is done to prevent possible relapses in health as well as a return to careless habits.

FAMILY.

1. INSTRUCTION.—Family is instructed in proper care of patient, necessity for food, fresh air, etc. Instructions given in preparation of suitable food. If patient is bedridden, family is taught how to give bed baths, prevention of bedsores, etc.

2. PREVENTION.—Advice as to necessity of isolated dishes; care of patient's linen (bed linen and clothing). Necessity of destroying sputum and of patient having a room to himself, etc.

COMMUNITY AT LARGE.

1. DISCOVERY OF CASES.—Incipient cases discovered in households of old patients and sent to doctor or dispensary for diagnosis and treatment. Patients in later stages discovered by inquiry among friends and neighbors, and all such new cases visited and families safeguarded.

2. FUMIGATION.—After the death or removal of the consumptive patient the house is reported for fumigation to the city Health Department. In reporting such houses the amount of fumigation required is specified (whether whole house or only one or two rooms).

3. REGISTRATION OF CASES.—All cases given to the nurse after the physician's diagnosis are reported by her to the State Board of Health, which provides the association with all supplies (napkins, cups, etc.) which are needed for distribution among these patients.

SAVING OF WAGE-EARNERS.—A quarter of the number of cases under this supervision have been able to return to work, if not to their former employment, at least to some modified form of work. These cases are not physical but economic cures, who have been able to return to work after being under supervision or treatment from periods varying from several weeks to as many months. Sufficient time has not as yet elapsed to judge of the permanence of these cures, but from a wage-earner's standpoint they are satisfactory, and would probably not have occurred without the care and supervision of the nurse.

THE ORIGINS OF MEDICINE *

BY WOODS HUTCHINSON, A.M., M.D.

Portland, Oregon

THE study of origins is always interesting, but often not particularly flattering to our pride. Proud humanity has always hated to acknowledge its descent from the mudfish. Just as a too nice inspection of the pedigrees of our most illustrious colonial dames reveals that their Revolutionary ancestors were drummer boys or hostlers in Washington's army, so the following back of the pedigree of even our most impressive and illustrious institutions is apt to land us in the very humblest of antecedents. But there is nothing whatever to be ashamed of in these as long as they were doing their best in their time and place, and the chastening reflection will occur that our own descendants will probably be ashamed of us as we are of our humblest ancestors.

These considerations are peculiarly apropos with the study of the origins of that noble and illustrious science of which the nurse and the

* The annual oration delivered at the seventh annual commencement of The Training-School for Nurses of the California Hospital, Los Angeles, June 7, 1905.

physician are alike the devotees. This, though,—tracing us back to such an antiquity as is wrapped up in the deepest mystery, like the ancestry of the very classic Jeems De la Pluche,—shows three distinct roots or stems. The first of these is for medicine proper as distinguished from surgery, whose earliest prototype is clearly enough that grotesque but picturesque individual known to this day among our own local aborigines as “The Medicine Man,” “The Shaman,” “The Voodoo.” But we have not to bear the shame of our descent alone, for another even more proud and illustrious profession—the clergy—is equally descended from the same amusing individual; in fact, science and religion are descended from one common ancestor, which is probably the reason they hate each other at times so cordially. The practice and therapeutics of this remarkable individual had at least the merit of being perfectly simple. They were based upon his pathology, which consisted in the belief that diseases were due to possession by evil spirits, a remnant of which belief clearly persisted as late as the days of Jesus of Nazareth, when epileptics and the insane were described and treated as possessed with devils.

Naturally, the simplest thing was to make it so uncomfortable for the spirit that he would promptly quit the premises. This is the explanation of the beating of drums and incantations and sounding of trumpets which were the chief reliance of the primitive Medicine Man, and, what has persisted to a later day, the administration of bitter, nauseous, and otherwise abominable messes to the patient. You think that has all died out in this twentieth century, but did you ever hear of cannon being fired to raise the body of one who had been drowned? This is purely and simply to scare away the water sprite or Nixie, who has pulled the drowned man under, to make him release his hold, although we have invented a pseudo-scientific, modern explanation on the ground that the jar of the explosion loosens the body from beneath the snag. Of the bitter and nauseous medicine superstition we have, alas, abundant survivals, as most of us past forty years of age can testify from painful personal experience. Almost anything that tastes nasty is supposed to be good for medicine. Household medicine, of course, is in that stage as yet, and the horehound and boneset and camomile and other abominable teas, are clear survivals of demonism, as anyone who has ever tasted them will cheerfully testify. Their real curative value consists in the large quantities of hot water with which they have to be washed down and the profuse perspiration which this induces, but the original plan on which they were selected was precisely that described by one of Frank Stockton’s never-to-be-forgotten heroines, who said she

had "tried almost every possible yarb and other remedy for the cure of her husband's favorite ailment, and had only found one which was a certain cure, and that one always worked, no matter how bad he might be when he tuk it. Within twenty minutes afterwards he did not know there was anything the matter with him 'ceptin' a bitter taste in his mouth." And while I would not dare to say so in public, yet to so highly and scientifically trained an audience as this I don't mind confessing privately, as it is coming to be an open secret in the profession, that most of our so-called bitter tonics, like quassia, gentian, strichnia, and quinine (elsewhere than in malaria), have their sole virtue just about where the good lady's "yarb tea" had,—namely, in their bitter taste. If anyone can tell me of any other I shall be greatly obliged to him. They are supposed to give one an appetite, but I frankly believe that that is only by making anything else that comes afterwards taste good by contrast.

There is another survival of the magical in medicine which is to me of considerable interest, and that is the curious sign which you see placed at the head of a prescription. We have now mutilated it and rationalized it into a capital R with a stroke across its last flourish, and we glibly inform the neophyte in medicine, as also in nursing, that it stands for the Latin "recipe," which is being interpreted—"Take"—of the following ingredients so and so much. This, however, is a pure invention, and if any of you will take the trouble to look up a German or English prescription blank, or even an American one of more than thirty years ago, you will find that this character bears no real resemblance to any letter whatever, but is a purely arbitrary sign; and if you will turn to your astronomies you will find that it is simply the zodiacal sign of the God Jupiter, the patron deity of physicians, whose blessing is invoked thereby upon the following prescription. And God knows that some of the prescriptions I have seen need this divine assistance badly enough. In fact, our whole edifice of even modern medicine is riddled through and through with traces of its origin from pure magic, and nothing but a reasonable regard for your patience prevents me from giving a dozen other illustrations. However, fortunately, we long ago turned over the magical spirit to the other branch of our common ancestry, the clergy, and are now, in name at least, upon a rational basis. I think I hear my surgical brethren of the audience chuckling to themselves: "Oh, yes! that is quite true of the medical man pure and simple; he is a hoo-doo, of course; we always knew it, but we have sprung full armed from the head, Minerva-like, of Jove, and are purely modern, a strictly rational product." Who do you sup-

pose was the original ancestor of that proud corrector of the mistakes of Providence, the modern surgeon? No more and no less an illustrious individual than the common barber and corn-cutter. In fact, his name, which comes from the French *chirurgien* (meaning hand-worker), is not only of the same derivation, but of common ancestry with chiropodist. For a long time he was regarded as an inferior caste in the profession itself, and to this day in England the surgeon proper is not allowed to call himself "doctor," but is confined to the plain title "Mr." In the complicated code of British society the doctor is regarded as a gentleman, while the surgeon is not necessarily so. I dare say many of you will recall reading in any of the old biographies or plays that when any blood-letting or anything of that description is to be carried out the barber or the leech is called. But even from such a purely day-laborer origin as this surgery has not entirely escaped its priestly and magic origin. The ancient and abominable blood-letting which used to be practised, with and without reason, on every possible occasion, is a pure survival of the idea that something must be done to render untenable the further residence of the diseased demon in the body of the patient. The lancet, bleeding and calomel were pure survivors of demonism,—ghastly, degrading, and utterly harmful superstitions,—and it is simply absurd, if not positively hypocritical, to attempt to defend them on any rational grounds. They did harm, and little else but harm, and as many lives have probably been sacrificed upon their bloody altars as upon those of any other religion. The ancient *chirurgien* emphatically believed that without shedding of blood there is no remission, and the laity are sometimes unkind enough to say that he has not quite escaped from a slight influence of that belief even at the present day.

These two curious origins will go far to explain the singular terms of contempt or dislike with which the medical man is almost invariably referred to in dramatic and historic literature until within the last fifty years. Molière, you will remember, pours the bitterest vials of his scathing sarcasm upon the medical charlatan, whom he evidently regards as the dominant type of the profession. Shakespeare seldom refers to the leech or the surgeon except in such terms as might be applied to a footman or groom. Indeed, in many instances he evidently regards them as rank impostors dealing in charms and spells and practising upon the credulity of the people. This attitude towards the profession in literature is one of the most painful and humiliating things to the educated physician of to-day, his only comfort being that the priest is not treated much better. One thing, however, has always been to the

credit of surgery, and that is that its attitude was emphatically that typified by the native of the great State which has its capitol in St. Louis—"that he had to be shown." He has never been half so credulous as the medical man, and has stood for a stricter form of the rational, purely scientific spirit. I sometimes think that his rationalism, however, admirable though it be, is carrying him to-day a trifle too far, and that he is using his scalpel to save his brains. In diseases particularly of the abdomen we are getting much into the habit of saying, "I will make no diagnosis, except that there is trouble in the northeast or southwest quadrant, as the case may be, and I will go in and find out what it is," first taking a roving commission from the patient to abate any nuisances which he may discover in the course of his investigations. One of my medical friends who had been recently submitted to a serious gastrointestinal operation informed me in strict confidence, in which same spirit I hand it on to you, that in his mind surgeons were getting to be little better than intestinal plumbers, but I am sure his judgment was too harsh. However, I fear that if the present trend of affairs persists it will be quite possible after death for the expert neurologist to distinguish between the brain of the surgeon and that of the physician by simply turning to the cerebral centre of the reasoning powers and noting the bump that is present in one case and the depression which exists in the other.

Finally, after the errors of barbarism and the ignorance of the ages have been slowly shed off scale by scale, the third and highest source of origin of our illustrious joint profession emerges, and that is the department of trained nursing. Here it is just as true as in Burns's celebrated lines on "The Garden of Eden," that

"When Nature first began to plan
Green grew the rashes, oh!
Her 'prentice hand she tried on man,
And then she made the lasses, oh!"

Time's noblest product is here, as usual, the last, and while your profession was not fully recognized as the peer of the others until comparatively recent years, it has an antiquity that goes back farther than any of them, and a nobility which throws them both in the shade. Just as soon as the light of maternal affection dawned in the kindling eye of the earliest bird or the most primitive animal as she gazed upon her triumph—the new-born young—there was born the spirit of the nursing profession. Long before there was a doctor there was a nurse, and to her is due more than to any other influence the survival of the

human race, in spite of both the medicine man and the surgeon. Based upon the purest and most self-forgetful feelings, the longing of the mother to comfort her sick child, and the father to restore his wounded young, is alike the highest, the purest, the sanest, and freest from excesses and errors of every sort, of any of the branches of the great healing art. The nurse alone in the art of healing has culled no deadly poisons from dew-covered herbs by moonlight, has brandished no bloody scalpel, but has relied upon the gentle, soothing, rest-giving forces of nature, which in the long run are infinitely more powerful. It is no mere coincidence that the development of the trained nurse was absolutely contemporaneous with the advent of the rational, respect-for-nature spirit in medicine. No longer is nature to be dosed and carved and deprived of her natural demands in the way of water and coolings in the time of fever, but her indications are to be watched and, as far as possible, followed. In other words, Nature is to be trusted, instead of hated and despised with a Puritanic vigor. Rest, food, the open air, the sunlight, the sparkling water, internally and externally, are to be substituted for calomel, jalap, aloes, and henbane. After centuries upon centuries of fighting nature under the impression that she is trying to land our loved ones in their graves, we have swung round to recognize that her tendency is towards recovery if we will only not interfere with her. Someone has put in the mouth of an applicant for a licentiate's degree, in answer to what was the first duty of the physician, the words, "To find out what will harm the patient, and then not give it," and it is not an inapt description of the attitude of modern medicine. Instead of indiscriminate drugging, bathing; instead of bleeding, feeding; instead of piling on blankets and shutting the windows tight in fever, cool packs and wide-thrown sash; in other words, we are endeavoring to intelligently work with and assist nature instead of fighting against her. Not that I would by any means decry the use of drugs and the resort to the knife. Far, far from it. One is indispensable, the other absolutely necessary. By the intelligent use of both, recovery can be hastened, pain diminished, injurious effects minified, and the recuperating powers of nature assisted and strengthened in every way. It is merely that instead of feeling when we are called into a case that we must instantly jump in and do something to save the patient's life, we quietly inquire into the natural history of the disease, what nature is doing to improve the condition, and limit the damage, and then fall in with her suggestions as completely as possible. For fevers, packing, bathing, sponging, and, wherever we possess them, the use of those supreme remedies of nature which she

manufactures in the tissues of every patient in sufficient amounts if she can—the antitoxins, or healing serums. Nowhere is to be found a more brilliant illustration of the way we are now taking leaves out of Nature's book and endeavoring to fight the battle with her own weapons than the use of these wonderful and most valuable weapons, the antitoxins. The medical profession balanced upon two feet, vizly, medicine and surgery, while it has done some yeoman service, still stood uncertainly. The third foot, nursing, places it upon a tripod and makes its stand as firm as that of the everlasting hills.

So much for the past. Now, what developments may we look for in the future? It goes without saying, of course, that our patient study into the causes of things is going to give us an enormously increased control over disease in the realm of preventive medicine. It certainly is not too much to expect that while hitherto we have been restricted to the exploitation of the reactive powers of our own tissues against infection and its products, bacteriology will soon discover for us other bacteria or organisms hostile to those of disease, that just as in the kindred realm of horticulture, wherever a bacterial pest is found search is made immediately for another bacterium or insect which will attack and destroy the first. Striking illustrations in point are the discovery of the Japanese little beetle, or lady-bird, which destroys the larva of the deadly San José scale, and in more recent years of the little black ant of Central America—the Kelep, whose favorite meal is the larva of the cotton-boll weevil. May we not hope that bacteriology may one day find a bacterium or mould capable of destroying the tubercle bacillus in our tissues, or another protozoon capable of destroying the hema-tozoon of malaria. There are those who are sufficiently light-minded to demand of bacteriology excursions into other fields than those which she now occupies. For instance, one profane jester has declared that he thinks that it is the duty of our laboratory men to, if possible, discover a microbe with which the early morning train can be inoculated in such quantity as to make it so infectious that one cannot help catching it. But this is possibly a trifle beyond their powers. In the realm of surgery it seems not improbable that we shall continue to remedy the oversights of the Creator and make good His absent-mindedness by the prompt removal of a number of odds and ends—bargain-counter remnants, so to speak—which have been carelessly left in the modern human body long after they have survived their usefulness. It does not seem improbable that at some not distant day every child born of intelligent parents will be submitted to a sort of surgical housecleaning, say at about the age of seven or eight years, have his tonsils trimmed

out, his appendix removed, his gall-bladder excised, and, in the case of a female, the entirely superfluous fifth digit upon the foot amputated for the purpose of enabling the fashionable type of shoe to be worn without pain. The removal of the gall would certainly be a great improvement to many individuals of our acquaintance, and if at the same time something could be done to correct the excessive mobility of the linguistic organ of the gentler sex the surgeon would lay the human race under a lasting debt of gratitude. Metchnikoff has gone even further than this, declaring that the whole large intestine is a survival of former herbivorous days, and is no longer of value to the human organism and might be with benefit removed. On the other hand, the stomach is little more than the fermentation basin in the course of the alimentary canal. The same line of argument will equally apply to the teeth, which are mere grinders and tearers, now rendered almost entirely superfluous by the introduction of the steel roller, the carving-knife, the cook-under-hash machine, and last, but not least, the breakfast food. Suppose we were to have all these three sets of superfluous organs removed, and thus be rid at one stroke of toothache, stomachache, and colic, what a heaven upon earth this old world would become. In the meantime, while waiting for these really radical and important reforms to be carried out, all we can do is to correct the few of the minor mistakes and inconsistencies that remain, and in these the nursing profession is both our most dreaded critic and our most valued assistant. There was a time when we doctors were monarchs of all we surveyed. The patient, of course, could not talk back, because we could tell him at once that he was not a judge of his own symptoms. The family could only judge of our competence to handle the case by the gross results, of whether the patient got better or died. The outside world either praised us for recoveries which we knew we had nothing to do with, or, on the other hand, denounced us for having lost cases which the Archangel Gabriel himself could not have prevented passing to the Kingdom Come, and we were so often equally unjustly praised or unjustly blamed—either we could raise the dead or we were not to be trusted to “doctor a cat,” that we came to have a fine disregard for popular opinion. But another influence has entered on the scene. Quiet, low-voiced, deft-handed, light-footed, but with the other quality which invariably accompanies this rather feline group—an eye that nothing escapes. This person, the only one that we are afraid of, is the nurse. She does not say much, but her look can express volumes. When we have made a fool of ourselves in a case we know it, and we know she knows it, although she never says a word. If she has confidence in us,

we have to do the very best we know how in order to continue or preserve her approval; if she has not, though she may never manifest this by either word or sign, we know it just the same. When it occurs we will strain our last bronchiole in order to retain her skilled approval. When the nurse says we have done well in a case, we know we have, but when she maintains a polite reticence as to her views upon the manner in which it has been conducted we shudder to our very backbones. It has only one drawback, it places us under the dominion of the only master that we are really afraid of; the only God that man ever really worshipped—woman. It has long been an open secret under whose hopeless domination we unfortunate males are within the haven of our own homes, but we now find ourselves under that gentle and beneficent but relentless sway in our profession. We cannot even escape from it in our offices, for there our stenographer rules us to our own benefit with a rod of iron, and the nineteenth century closed and the twentieth century is dawning with a more devoted and hopeless subjugation of man than is dreamed of even upon woman suffrage platforms. Our only appeal to you is to use your power gently. Don't be too stern with us, and we will do the best we can to come up to your level. In the meantime, there are a few suggestions for our own protection, and, we sincerely believe, for your welfare, which we would hesitatingly and haltingly suggest. First of all, don't be too sure in your diagnosis. All human knowledge is imperfect, and if we were both to assume in our attitude to certain doubtful cases that represented in the charge-sheets of one of the great London specialists, it would be better for both ourselves and our patients. A recently appointed surgeon to the hospital found the case-sheets of the patient sent into his ward marked, usually, with a rough preliminary diagnosis made by the interne in the receiving-room. This, in most cases, would indicate whether the case were medical or surgical, abdominal or thoracic, etc. Most of them were easy to decipher, but he found not infrequently case-sheets in which the blank space for diagnosis was filled in with the letters G. O. K. He puzzled considerably over this for some days, and did not like to ask what was the meaning of it, thinking it was some contraction for, or initials of, some well-known disease which he ought to be able to recognize, like the contractions in common use there of "T. D." for tabes dorsalis, "D. T." for delirium tremens, "G. P. I." for general paralysis of the insane, etc.; but "G. O. K." would not fit any known disease or combination, and finally he put his pride in his pocket and asked. "Oh," said the interne, "that is a little way that has been in vogue at this hospital for a number of years. I don't know

who started it, sir. Whenever we cannot make out for the life of us in the short time at our disposal what is the matter with a patient we simply write on the sheet G. O. K.—God Only Knows—and leave it to you, sir.” Next, do not be too precise. Precision, of course, is the soul of discipline, and obedience, you have been told, is the chief virtue of a nurse. As a matter of fact it is not; intelligence and good judgment are worth ten of it, and every doctor will thank you to do your own thinking and as much of his as he finds you ought to be trusted to, but this absolute Chinese, Prussian drill-sergeant idea of precision, may easily be carried to extremes. I have known both nurses and patients to be seriously distressed because medicine which was to be given every three hours happened to be administered on one or two occasions four and a half or even five minutes after the hour. The solicitude for the remedy to be administered just at the precise stage of the moon or sun indicated upon the charge-sheet reminds me of the story which is told of the good lady travelling through Central New York, who, no sooner had she got fairly settled with all her wraps and bundles in the train than she beckoned to the conductor and begged him to be sure and let her know when they came to Poughkeepsie. “Oh, yes,” answered the conductor, “do not worry, I will let you know in plenty time.” After an hour passed she again beckoned him and urged him not to forget and let her know when she got to Poughkeepsie. This was repeated four or five times during the morning, much to the poor conductor’s bewilderment, but, as such things sometimes go, when they got to Poughkeepsie there were important orders waiting which he had to leap from his train to secure, and got back barely in time to blow the whistle for its departure, and he forgot all about the old lady until the train had gone half a mile down the track beyond the town. He was so mortified when he recollected that he promptly rang the bell and backed up to the station again, then slipped through to the old lady to tell her that at last they had reached Poughkeepsie, and couldn’t he help her off with her package. “Oh, thank you,” said the old lady, “but I am not going to get off. The doctor told me to take a pill when I got to Poughkeepsie.”



HENRY WATTERSON is responsible for the suggestion that Mr. Roosevelt will retire from the presidency of the United States to the presidency of Harvard College. Happy thought! then we shall have a nursing college.

AN OPPORTUNITY *

By LOUIE CROFT BOYD

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Opportunity is from within. In proportion as we develop the ideal life so are we quick to grasp the opportunities for service lying all about us. The greatest life ever lived was one of implicit obedience to that inner law which raised the most lowly tasks for humanity into the realm of divine service. And this service is our heritage.

In March, 1904, a call was sent out from the Surgeon-General's office for graduate nurses who would volunteer their services to the United States in the event of war or national calamity. Certain papers have to be made out by the applicant and the superintendent of her training school, which, with a written report twice yearly of her physical condition and place of residence, are to be submitted to the Surgeon-General. The only obligation is a willingness to respond when the emergency arises.

During the first six months subsequent to the issuance of this call, but six nurses volunteered their services! Up to August of this year one hundred and seventy-four application blanks were sent out, of which forty-two have been returned, and, as one of this number was not recommended by her superintendent, the volunteer list now has the names of forty-one nurses who are willing to serve their country in time of need. A fact worth mentioning is that eighteen of the forty-one are already in the service.

From the thirty thousand nurses more or less, in the United States suppose we take two-thirds who, for various reasons, are incapacitated for volunteer service. This leaves ten thousand persons in the profession and out of this number only forty-one are available.

The confusion and dissatisfaction connected with the nursing service of the Spanish-American war are well known facts, hence the wisdom in providing against a repetition of such a disastrous experience. In an emergency there is no time for careful investigation, so the useless become plentifully mixed with the good. In the weeks of self-denial and hard work the chaff is always winnowed out but it is at expense of the patients and the profession that this winnowing is accomplished. The same nurse who walks worthy the vocation she has chosen often fails to recognize and properly adjust the fact that unprofessional

* Read at the meeting of the Colorado State Nurses' Association.

conduct on the part of a sister nurse leaves its impress upon her. We are all part of a whole for “no man liveth to himself.” Then is there not something lacking in the professional character of the nurse who sits calmly down to her every-day duties, permitting a call like this to go by unheeded?

We say we love our profession; we utter loving sentiments for our country, and this is right; yet the love which finds no expression, save in words, is like the mist which flees before the light of day. If we loved our profession and country in sincerity and in truth the eligible volunteer list would number its names in the thousands instead of the tens.

The cry of the age is—“What can I get?” And, alas, the nursing profession is not exempt from this sin! We can take nothing out until we first put something in, for we receive in proportion to what we give. We fail to see that by giving we keep, and what we thus keep is the best part of what we gave. The highest obligation we can ever hope to fulfil is rendering service to those who lack what we have to give. That you and I are good nurses is cause for no praise, for we are only what we should be. God gave us the powers whereby it was possible by their use, to become what we are. Then, rather, we are the debtors.

We, who are living in this land, have, as if it were our birth-right, a system of public education excelled by no other country, the power of thought, the freedom of open speech, the opportunity to rise to any position open to man, and the right to claim the protection of a government whose strength and power are recognized the world over. Do we owe *nothing* to the United States in return for all this? When our Army Department requests a volunteer list from which to draw in time of need, are the graduate nurses of this land justified in sitting down and letting this call go by unheeded? Emphatically, no! The obligations of this call are so easy of fulfilment that it is appalling to note the few who have responded.

We need to do some serious thinking upon this subject. Our country has a right to our services; she has the right to even *demand* that our services be given, but instead, the call comes in the form of a request—just as the best things in life always come—leaving us free to do the noble part because we are so high-minded that we see the need for action.

“Every common bush is afire with God;
But only he who sees takes off his shoes!”

[On November 2, there were 52 nurses enrolled on the Eligible-Volunteers list.—ED.]

A NEW CRANFORD; BEING A MORE OR LESS TRUE ACCOUNT OF AN EXPERIMENT

DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING

By ISABEL McISAAC

Late Superintendent of the Illinois Training-School, Chicago

Continued from page 498

VII. THE REFORMATION OF WILLIAM THE CONQUEROR.

As the winter waned Billy began to "feel his oats" and made any journeys of mine a constant terror.

He had one particular place at the railway crossing for showing off—not that he had an atom of fear of the trains, but like some two-legged beasts he loves an audience, and the instant his eye would light upon the old flag-man at the crossing he began to wiggle, prance sideways and otherwise deport himself like a giggly girl when the right young man appears. We were always expecting that our buggy top would fly into space with his jerks across the tracks. Euphemia wore one of those wretched hats with the very small crown and very wide brim, which, combined with Bill's antics and a high wind, nearly scalped her several times.

When the warm weather came on and it was time for plowing and other hard work, Euphemia declared that she was going to do the first plowing on the nice, easy soil of the garden; that she knew if Bill only got a right start he would plow all right, for she was certain the men last year did not know how to manage him, which was the reason Bill had done no plowing. I have learned to be discreet in expressing my opinions too freely about Bill's behavior, but like the little owl "kept up a terrible thinking," resolving to arrange my own work to give me leisure to witness the performance.

One lovely warm day I heard various explosive sounds with rattling harness and stamping hoofs which grew louder and louder every minute with increasing rapidity, which I knew to be Euphemia and Bill plowing the garden, or rather they were arguing the subject.

The first glimpse I had of them was in silhouette, Bill going in leaps, the plow dragging on its side and Euphemia in an almost horizontal position trying to keep up, her commands entirely unheeded, until the fence stopped the procession.

The wretched beast was wise enough to pull the nose of the plow out the furrow on its side and then go tearing away so fast it was impossible to put it in again. They spent the whole afternoon fighting it out and at five o'clock Bill was still the conqueror, for he had not plowed a hundred feet and Euphemia was in a state of collapse.

The next day the man Friday took a hand in it with the same results. Although Friday swore loud and long and deep and beat Mr. Bill well, the latter was still conqueror and the garden not plowed. Then Euphemia and Friday tried it together, Euphemia driving and Friday trying to keep the plow in the furrow, but it was no use: Billy would not plow and we faced a serious dilemma with all the spring work waiting to be done.

Friday has a step-father-in-law who has a dray in town and who helped out with the plowing last year, and Friday suggested that Euphemia see John and exchange horses for a few weeks until the rush of work was over and John had curbed Bill's exuberant spirits somewhat.

John is wonderfully good with horses, and after a little persuasion brought out his old Dan and took our high and mighty gentleman of leisure away to pull a coal cart in town.

Old Dan was what one might call "a good soul," faithful and obedient, but as uninteresting as "good souls" usually are. Poor Euphemia's vanity suffered greatly by the exchange. She was so accustomed to driving on the wings of the wind that to jog along respectably with Dan and have every man from the banker to the butcher say "Well, you had to get rid of that horse, I see," was a sore trial and put her into such bad temper she took to going to town at night when no one could see her.

Meanwhile we expected every day to see John arriving to take Dan away, as Friday kept us informed of John's trials with Billy,—the numbers of single-trees he broke and the general cussedness of the rascal; but after a fortnight of hauling coal carts, pianos and other heavy freight Mr. Bill settled himself down to work so well that at the end of a month John was quite determined to make a permanent trade; and I think Euphemia would have yielded if Dan could have been persuaded to show some spirit at the signal of the flagman, but she so thoroughly enjoys Bill's almost human careerings that she could not trade, although Dan's plowing was perfect.

When Bill came home it was a question whether he would do as well for Euphemia as he had for John, and we watched anxiously for the trial a few days later when an old strawberry bed had to be plowed.

Friday started out and had done two or three furrows when Bill

remembered that this was his opportunity, and away went the plow again. John had told Euphemia to take him by the bridle and whip him across his fore legs and she decided that it was now or never to conquer him, so they unhitched him from the plow and she got a firm grip and gave him the surprise of his life. He reared and plunged and kicked and pawed and bit at her, but she held on and I expected to see her neck broken on the trees. She did this three times before he gave in, but at last Bill surrendered and has never had but one serious tantrum since. We had a timid visitor who had been frightened out of her wits a year ago, and only after many promises of Bill's good conduct could we induce her to get into the buggy. We assured her that Bill fairly loved an automobile and she consented to ride. At the very first corner they met an automobile and without even a preliminary switch of his tail Bill bolted into the ditch, nearly capsizing the buggy and reducing our visitor to tears. Indeed we haven't yet made peace with her; but to give Bill credit I don't believe it was the automobile which frightened him, but a huge fat woman on its front seat —without a hat, with bleached hair, calcimine complexion, sleeves rolled to the elbow of her beefy arms and an organdie dress with flowers as big as a dinner plate. The sight of her was enough to terrify man or beast.

So thorough has been Bill's reformation that I am no longer afraid to drive him down hill, and when the editor of the *Journal* rode behind him so polite was his deportment she ventured the opinion that William the conquerer had been slandered. He really has some very engaging ways. We did not know how much we thought of him until he was dreadfully ill from too much green corn. Euphemia doped and nursed him like a human patient, with hot water, whiskey, peppermint and opium, and like many bad children who are only good when they are sick he behaved like a cherub until his pain was gone, when he tried to kick our good neighbor who came in for consultation. I doubt if he will ever figure in a Sunday-school tract, but with all his faults we love him still.

(To be continued.)



ETHICS IN PRIVATE PRACTICE *

BY HELEN STUART THOMPSON

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ONCE, on your commencement night, memorable speeches were addressed to you; you were exhorted to all the virtues in the calendar, until, in your mind's eye, you already saw an Angel of Mercy in the sickroom.

In the years since then you have been tried in the fires of private duty. Have you lost heart, or are you stronger for the battle? Is it your earnest wish to do your best and to give your best when you enter that room?

Within a few hours, a total stranger, you have come to be a member of the family, the guardian of the sick-chamber, kind, helpful, dependable. You wear a careful uniform. Your mind is on your work. Your thought is not devoid of the suffering here; your sympathies are alive; but you do not condole; rather, you bring cheer by directing your patient's mind to brighter views. You come to alleviate pain; you are not here to show your importance; your good taste will no more allow you to bring a professional manner into this room than will it permit your laundryman to put too much starch into your skirts.

The doctor makes his daily call. He may be an old family friend of yours; he may be your enemy. Neither are you too friendly with him, nor will you exhibit your feeling. Towards his patient his call may have a social inclination; to you, it is on purely business grounds, nothing more. Is criticism of the doctor rife in the family? Does the patient distrust him? It is for you to be loyal to him, so far as it is possible; to reserve to yourself such disapproval as you may feel; in all other things to be entirely honest with the doctor; to carry out his instructions with all faithfulness.

As left on duty in the doctor's stead, you fill a position not less responsible than his own. See to it that the dignity of that position is not compromised. In this household it may be that some prejudice exists against the trained nurse; it is your privilege to live it down. You keep a faithful chart, a map of the course of the disease and of your work. You feel an innocent pride in it, and leave it lying where the family may look it over. Restrain this satisfaction. Put aside what is intended for the physician's eye alone. A general reading may ham-

* Read at a meeting of the Colorado State Nurses' Association.

per the doctor's freedom in the treatment of the disease, which the family should not too closely follow. Members of the family would dictate lines of conduct to you. While giving as little trouble as you can, waiting upon yourself and conforming, when in your power, to the habits and wishes of the family, maintain your own individuality; trust in your own powers of rendering comfort and care to the invalid, and tacitly refuse to carry out any but the physician's orders.

You are brought into the heart of the family. Some of the members confide their domestic grievances to you. You will find a house divided against itself; "for . . . there shall be five in one house divided, three against two, and two against three. The mother shall be divided against the daughter, and the daughter against the mother. The mother-in-law against her daughter-in-law, and the daughter-in-law against her mother-in-law." Beware of taking sides; in so doing you would but spread division. As you value the quiet of the sickroom, over which you preside, and your own peace of mind, remain on neutral ground.

Would you be in sympathy with your patient? Would you win her confidence? Then regard this poor sufferer, so dependent on your good- or ill-will, in the light of someone most dear to you; put her in that other's stead. Someone has said, "In Ethics, you cannot better the Golden Rule." Suppose you render it, "Do unto others as ye would they should do unto *yours*." This is *your* mother; this *your* sister; this *your* child. The sympathy with your patient that you would seek to feel thus comes more readily, is more spontaneous, more easily her mind is assured and comforted, greater your influence with her, and easier your task. When principle is not involved, you will even humor her a little; nor will you deny her any little comforts within reason. Yet from her you will have certain reserves of your own. Be she ever so congenial, your position is not such that you may at once become intimate friends. You will not be over-confidential, nor forget yourself so far as to throw to the winds your reserve and settle down for a comfortable gossip. She is garrulous; illness has not impaired the use of her tongue; she has been shut in so long that she is quite desperate for news. Being of a lively temper, she would turn you inside out for her entertainment. Your private affairs she would draw from you, or, worse still, she would have you detail the history of all your former patients, including their present and past occupations and their names and addresses. But you are wary; you will not be beguiled into gossip. You endeavor to entertain, but with something other than your neighbors' affairs.

Unconsciously you adopt standards of conduct to suit various cases:

towards the familiar patient, who essays to call you by your Christian name, as well as towards the haughty patient, who holds you at a distance, a self-respecting dignity; to the indifferent patient, who wishes only to be let alone, uniform kindness; forbearance towards the invalid who pours her domestic woes into your ears and then says she "hires" you to listen to them; cheerfulness to the hypochondriac; to the fussy invalid, patience; to the exacting, firmness; some line of self-defence towards the inconsiderate patient and the calculating patient, who fairly stays awake nights to keep you busy.

Have you a patient who would be his own thermometer? Hourly he watches his pulse and temperature. Their fluctuations, their every rise and fall, preys upon his mind. For his own good, even more than to save yourself from torment, should you put an end to this pernicious habit. Do you tactlessly refuse to tell him the height of his temperature? You only irritate him. Do you evade his questions or try to deceive him? This is beneath your high character as a woman and a nurse. Be straightforward; explain how harmful it is for him to follow the course of his fever, and beg him to trust his chart to his nurse and his physician.

Is your patient a devotee of science? Beware of responding to such a call. "Science, falsely so-called," having fallen short of effecting a cure, an anxious family calls in the rejected physician.

From the patient a reluctant consent may have been wrung, but in her breast she cherishes a deep-seated antipathy towards physician, drugs, and nurse. You are distrusted, regarded with suspicion; your ministrations are endured; in that room your presence is not desired; you feel that your hours off duty are as great a relief to your patient as to yourself. A cold dislike meets all your advances; your frankness is returned with deceit. You turn your back; the mummeries of faith-healing are practised behind it. You leave the house for an hour; the healer is smuggled in. The spirit is taken out of you; you lose heart; you become incapable of your best work. No code of ethics may prevail against such odds. 'Tis an unprofitable labor; leave it. What you lose in soul-calm and self-trust cannot be made up to you by the payment of any fee.

You must earn your living by your work among the sick. Must you then grow mercenary? Once the nobility of your profession fascinated you. Since then some of the glamour of the pretty romance has been worn off, some illusions have been brushed aside. Yet the work remains a noble one, with rewards richer than gold. Do you go on duty half worn out, or do you remain with one patient until you are

fatigued past usefulness? In so doing you defraud your patient; you give her false weight; for underdone labor you receive recompense. An article lately written for some medical journal gives statistics that the number of accidents among skilled workmen is greater when the laborers are fatigued, showing the advisability of periods of rest. You, then, the laborer of the sickroom, are capable of better work following periods of rest.

Does the thought of servitude depress you? Remember the ministering Christ. Was not His whole life one of service? He it was who transformed this lowest form of work into the highest labor. You should not be more sensitive to slights than He. Strive not, then, too eagerly after the ideal. In visionary perfection there is loss of power. Trust yourself; stand upon your own footing; cultivate your own judgment; pattern after no human model, but follow in the footsteps of Him who would "heal the sick—and bind up the broken heart."

THE USE OF SCOPOLAMINE IN ANÆSTHESIA

By JAMES CLARKE LOGAN, M.D.

Pittsburg, Pa.

EVER since the discovery of ether surgeons have been striving to find the ideal anæsthetic, one which will combine the maximum of safety and ease of administration with the minimum of pre- and post-operative dangers and annoyances. But although the discovery of general anæsthesia came over half a century ago, and the period since that time has furnished the greatest advances the medical world has seen, little advancement had been made in the very field that has made so much of our other progress possible, and ether and chloroform, the two general anæsthetics first discovered, are still, in spite of their many disadvantages, supreme in their field. Other methods, such as the sub-arachnoid injection of cocaine, have been tried, but have either been of limited usefulness or have failed altogether. Since 1902, however, several foreign surgeons have been experimenting with scopolamine as an adjuvant to, and in some cases a substitute for, chloroform and ether, and it is the data collected from observation of a series of forty of these cases that furnishes the subject-matter of this paper.

Scopolamine hydrobromate, an alkaloid derived from the *Scopolia Japonica* plant, was first used as a general anæsthetic by Schneiderlin

in 1900. Not a great deal is known about its physiological action except that it is a vaso-dilator, a mydriatic, that it paralyzes the inhibitory action of the pneumogastric, that it induces sleep, and that it is closely related in its action to atropin and hyoscin, the latter having been substituted on one or more occasions. Ophthalmologists have used it locally as a mydriatic for some time. The drug appears in the form of prismatic crystals melting at 59° C. and soluble in water, alcohol, and ether; it degenerates very rapidly when exposed to light or air and should therefore be always used in fresh solution. Experiments have shown that it acts best in combination with morphine, though the exact proportions of the combination which will produce the desired result have not as yet been settled. Until further experiments prove the results of a combination tablet it is best to purchase the drugs separately and combine them at the time of administration. It is administered by hypodermic in any suitable part of the body without relation to the location of the field of operation.

Up to the present writing fourteen hundred and eighty-eight cases of scopolamine anæsthesia have been reported from Germany and Austria, twenty-six from France, and one hundred and fifty-three from this country. Twenty-eight of these latter, reported by Dr. Edward R. Gregg, of Pittsburg, with twelve more recently observed in his clinic, form the basis of our present observations. Of these forty cases, thirty-eight are from the surgical service of Dr. Gregg at the Pittsburg Homœopathic Hospital, and two from the ophthalmological service of Dr. William W. Blair at the same institution, to both of whom I am indebted for permission to observe and report the series. All the cases have come under my personal observation. As several other surgeons are using the drug at the present time, it is probable that by the time this article appears several other series will have been reported.

The data tabulated include the following items: time of administration, operation, amount of chloroform used (if any), presence or absence of a stage of excitement if chloroform was administered, and post-operatively the amount of pain, thirst, and nausea, and the time of vomiting, if vomiting occurred. In all cases the patient received the same dosage, one one-hundredth grain of scopolamine plus one-sixth grain of morphine at each injection, and the patients were not in any sense selected, but were simply those cases which came to operation during the latter part of Dr. Gregg's service without regard to age, sex, condition, or operation. If it is desired to dispense with chloroform, the best time of administration seemed to be two and one-half, one and one-half, and one-half hours before operation.

The dosage and the time of administration having been decided upon, the patient should be taken to a darkened and quiet room and the first hypodermic given. The patient is then told that the operation will not begin for a couple of hours and is advised to sleep if possible. He can then be left alone until the time of the next injection, when he will usually be found sleeping quietly. The introduction of the second needle will probably rouse him partially, but he will not be thoroughly conscious and will at once fall asleep. The face gradually becomes flushed and the pulse full and steady, though it may vary in different individuals from 50 to 120; the respirations are either rapid, shallow, and almost imperceptible, or slow and stertorous, but we were not able to observe any constant relationship between the pulse and respiration rates. The pupils vary from moderate myosis to extreme mydriasis, according to which drug the patient seems the more susceptible to. The third injection may or may not rouse the patient, but he will not be conscious; the physical signs just noted will be intensified.

When the time of operation arrives the eyes should be bandaged and the patient moved to the operating-room as gently and quietly as possible, as noise and motion seem to disturb more readily than pain. For this reason absolute quiet should be maintained during the entire operation. When the skin is incised the patient may show some slight sign of pain, but the more common actions are simply restless movements of the hands and arms, chiefly towards the lower face. The patient's behavior suggests a restless and uncomfortable sleep.

This, however, is the exceptional and ideal case, for should the patient rouse while being transferred or at the incision chloroform or ether must be administered. The French condemn absolutely the use of ether on the ground that its stimulating effect, following the vasodilatation produced by the scopolamine, would be apt to produce dangerous congestion, particularly in the lungs. This contention, however, is not borne out in the series reported by Seelig, of St. Louis, and Ries, of Chicago, who used ether in all their cases with no bad results. In this series we were able to dispense with other anæsthesia in twenty-five per cent. of the cases.

Should ether or chloroform be necessary, distinct advantages have been gained by the previous administration of the scopolamine-morphine. First, the patient, instead of becoming excited in view of the coming operation, has gone quietly to sleep while awaiting it. In no case did any one of our patients have the slightest recollection of anything that happened after the second hypodermic, even though they

seemed to be semi-conscious while being transferred to the operating-room. This does not include two cases in which it seemed to intensify, or at least had no effect on, an hysterical condition which was present when the first injection was given.

Second, the stage of excitement which so often occurs under ether or chloroform, even in the hands of the most skilled anæsthetist, is in almost all cases absent or so slight as to be harmless. In our experience, however, the drug did not mitigate the severity of such a stage in alcoholics, nor did our colored patients take the chloroform well, all of them struggling violently when it was administered. In eighty-five per cent. of our cases the stage was absent altogether and the other fifteen per cent. were either colored or alcoholic, with the exception of one woman whose after behavior showed her to be extremely hysterical.

Third, the amount of chloroform or ether necessary to induce and to maintain anæsthesia is greatly lessened, the scopolamine seeming to have put the organism in a condition of especial receptivity for the following chloroform or ether.

Considering now the post-operative conditions, those of greatest interest to the nurse, we find the following advantages. First, the pain is greatly alleviated in a large percentage of cases. We have not found, as the French report, that the patient sleeps any longer after the operation, but the pain seems to be dulled or absent entirely in a large majority of cases. This is probably due to the morphia.

Second, nausea, the great bugbear of anæsthesia, is usually slight or absent; very seldom is it as severe as in the ordinary run of simple ether or chloroform anæsthesias. Vomiting, as a rule, is entirely absent, and if present, comes late, when the laryngeal sensibilities are normal and the patient conscious enough to avoid choking. These two facts would demand consideration for the drug were there nothing else to recommend it. Eighty per cent. of our cases were not nauseated at all and eighty-three per cent. did not vomit at all, and of those who did vomit only one vomited within one and one-half hours of the close of the operation. In some cases the vomiting came as late as twelve hours after the operation, and then only once, as if the simple emptying the stomach put an end to what little nausea there was. Only one case showed the slightest tendency to retch. And should the nature of the operation permit, the patient can often be given light diet on the following day.

Third, the drug seems to be a great prophylactic against shock, probably because of the effect of the morphia as well as of any stimu-

lating effect of the scopolamine. The patient may be shocked, of course, and should be watched carefully, but the tendency is not nearly so great, several of our cases undergoing long and tedious plastic operations without the slightest shock following.

Among the unfavorable effects must be mentioned a parching thirst, which follows in some (not by any means all) cases, but which can be alleviated in most cases by allowing all the water craved. If the water causes vomiting, it will usually be a simple emptying of the stomach, which seems to put an instant end to whatever nausea there is and the water can be continued. Occasionally severe headache and troublesome oozing at the field of operation are among the disadvantageous sequelæ, but the former is seldom so severe as to demand especial attention, and the latter has never been excessive or produced any bad result in any of our cases.

When the patient is returned to the ward note should be made of the general condition, as after any anæsthetic, but especially of the condition of the pupils, for when mydriasis is present it shows that morphia is not the predominant drug and the patient may be expected to react more rapidly. Some few patients showed a tendency to slight delirium on awakening, but this was never of long duration nor did it demand any great restraint. If there is marked myosis, slow and stertorous respirations, and a dropped jaw, the patient will need more careful observation. Should shock or syncope demand stimulation it is better to avoid hypodermic medication and to trust to saline infusion, injection, and to heat, as the relationship between scopolamine and the more commonly used stimulants is not as yet thoroughly understood. Should the pupils and respiration indicate that the morphia is the predominant drug and the patient seem to be too profoundly under its influence, the hypodermic injection of atropine and of the saturate solution of permanganate of potash should be considered.

In conclusion, it should be distinctly understood that in the light of our present knowledge scopolamine can make no claim to supersede its tried and proven predecessors in the field of general anæsthesia. What we can say is that it promises to be a valuable adjuvant to ether and chloroform and that in some cases it may take their place, but should it fail to do this in any given case, the patient is yet in a more favorable condition to be put under the influence of ether or chloroform. Much is yet to be learned of scopolamine both in laboratory, in the clinic, and at the bedside, and we must look to those who care for the patient after operation and who are constantly at the bedside for many of the details from which we can draw our conclusions.

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the use of Practitioners and Students of Medicine. By Wm. Osler, M.D., Fellow of the Royal Society; Fellow of the Royal College of Physicians, London; Regius Professor of Medicine, Oxford University; Honorary Professor of Medicine, Johns-Hopkins University, Baltimore; formerly Professor of the Institutes of Medicine, McGill University, Montreal; and Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia. Sixth Edition. Thoroughly revised from new plates. New York and London: D. Appelton & Company.

The new edition of Dr. Osler's Practice of Medicine serves as an occasion for regretting the loss to the nursing profession of a valued friend. To many he was known, only through the medium of this, and others of his writings; but wherever, and however known, his acquaintance was eagerly sought for and gratefully acknowledged. No one grudges him the honor of his latest promotion, but we can't help grudging himself to the English University.

The Principles and Practice of Medicine while not designed for the use of nurses, is found in many nurses' reference libraries, where it occupies a place of value well deserved. The dedication to Dr. Osler's early teachers is characteristic of the strong loyalty and faithful friendship so marked in the personality of the writer.

ELEMENTS OF ANATOMY AND PHYSIOLOGY. By Bernard Secretan, M. B., (London F. R. C. S., (Eng.) L. R. C. P., (London): The Scientific Press, Ltd., 28 and 29 Southampton St., Strand.

This little booklet of seventy pages, many of which are given up to plates, seems very inadequate for the instruction of nurses who are to pass any sort of an examination on the subject treated. The children in the public schools get all this and more, in this country. One can only conclude that our own country is more generous in the matter of instruction to pupil nurses, than England is to hers, and be correspondingly thankful.

ANATOMY AND PHYSIOLOGY FOR NURSES. By Leroy Willis, M.D., Surgeon to the Lecturer on Anatomy and Physiology for Nurses at the Lewis Hospital, Bay City, Michigan. 12mo, of 312 pages with 100 illustrations. Philadelphia and London: W. B. Saunders & Co.

It is with some surprise that one learns on the introductory page of Dr. Willis' book that he knows Kimber's "Anatomy and Physiology for Nurses." If he writes for the nurses of the Lewis Hospital only—one must admire his lavish generosity in taking so much trouble for his own students. If he writes for the general nursing public—he has surely mistaken the measure of the general nursing public's taste. He follows his Kimber very closely, too closely for originality, but never quite comes up to Kimber. The system of questions which Dr. Willis follows is hardly to be recommended. It leaves little room for thoughtful exercise of the memory—the question suggests the answer so glibly that the student is saved all trouble of thinking for herself. No doubt Dr. Willis will find a following who will read him with pleasure and profit, and the question system may prove itself a help instead of a hindrance.

THE DIAGNOSTICS OF INTERNAL MEDICINE. A Clinical Treatise upon the Recognized Principles of Medical Diagnosis, Prepared for the use of Students and Practitioners of Medicine. By Glentworth Reeve Butter, Sc.D., M.D., Chief of the Second Medical Division, Methodist Episcopal Hospital; Attending Physician of the Brooklyn Hospital; Consulting Physician to the Bushwick Central Hospital; formerly Associate Physician Departments of Diseases of the Chest, and Diseases of Children, St. Mary's Hospital, Brooklyn, N. Y. Fellow of the New York Academy of Medicine; member of the Medical Society of the County of Kings; Fellow of the Society of Science, Letters and Art (London). Second revised edition. New York and London: D. Appleton & Company.

Though not intended for the use of nurses,—who are, by the way, constantly under accusation of attempting diagnosis,—this book is strongly recommended for post-graduate reading, wherever time and opportunity serve for its study. It may be described as the epitome of years of clinical study. Under its direction the dullest observer may become a rival of Sherlock Holmes. The illustrations are perhaps calculated to destroy the peace of mind of the curious student, who is obliged to see things as they appear under the microscope. The student may even, on first acquaintance, be inclined to declare it a book, "who reads may run," but she is earnestly advised to conquer her squeamishness and peruse to her own advantage.



AN EDUCATIONAL EPIGRAM.—From *Engineering*: To acquire a skilled trade by school methods appears to us almost as hopeless as trying to learn how to drive a motor-car by sitting in it as a passenger.

[How about correspondence schools of Nursing?—Ed.]

THE CHRISTMAS SONG

I.

The music of the Christmastide,—
Our hearts can hear it still,—
The music that the angels sang
Above the shepherds' hill.

II.

What means that lovely melody?
"Peace!" rings thro' the clear night air.
O! are we men of gentle will?
For us, comes that message fair?

III.

O, heavenly song! O, holy babe,
Whose birth the bright host praise!
O, Christ of God! teach love, grant peace,
To th' adoring hearts we raise.

HARMONY TWICHELL,
Hartford Hospital, 1900.



MORE TRUTH THAN POETRY

One dozen mops all in a row!
I counted them twice, and know it is so;
Only a patient, out for the sun,
Longing for freedom and a good run;
With languid eyes glancing hither and yon,
The lined up mops they lighted upon;
A bedraggled lot not worthy of mention,
But the one thing in sight to attract one's attention;
And while their limp grayness I slowly survey
A resentful feeling comes stealing my way;
Each morn of my stay have I been compelled,
To watch one of those mops by a "student" propelled:
Yes, by a *nurse* who had earned her cap,
Not by a "Prob," there'd be reason in *that*—
But by one set to watch the patient's condition
In order to give straight report to physician;
Conditions perforce must come to a stop,
With nurse at the propelling end of a mop.

S. A. M.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



AFTER EFFECTS OF DIPHTHERIA ON THE HEART.—In an article on the after effects of diphtheria on the heart in the *Journal of the American Medical Association* Dr. F. W. White says: "I have no doubt that much of the cardiac dilatation which was often seen in the first few weeks after leaving the hospital could have been avoided by more intelligent restraint of these children at home. Even the milder cases should be carefully watched and whatever causes shortness of breath, pallor or fatigue, or affects the heart unfavorably by notably increasing the pulse rate, causing irregularity or any increase in the cardiac area should at once be stopped, whether it consists of running, walking, playing or even in simply being out of bed. The heart must be given abundant opportunity to rest and recover its normal function. This is the only conservative treatment and the only way to avoid permanent damage to the heart in some instances."

All the severe cases require rest in bed and careful watching of the heart for months or years afterward.

RYE BREAD IN DIABETES.—The same journal quoting from the *Intercolonial Medical Journal of Australasia* says: "Lidwill was led to the use of rye bread in diabetes by the craving and empty feeling of which patients on the so-called diabetic diets complained. He found that rye bread is satisfying, stopping that empty feeling, and that patients eat but little of it in proportion to wheat bread, about a loaf and a half sufficing for a week. It contains but little digestible starch; it is laxative; the sugar in the urine diminishes considerably during its use; patients do not tire of it, and it is cheap. Its greatest use is in the milder form of glycosuria occurring in the middle-aged or old."

PHARMACISTS' MEDICINE DROPPERS.—The *New York Medical Journal* quoting from *Presse Medicale* says: Jacobson considers the ordinary medicine droppers used in drug stores to be dangerous instru-

ments, because of their inaccuracies. He finds that the size of the drop which falls from one dropper may be nearly three times the size of a drop of the same fluid from another dropper.

THE CARE OF THE FEET.—Dr. Crawford in an article on the care of soldiers' feet in the *British Medical Journal*, quoted by the *New York and Philadelphia Medical Journal*, says: As a rule, they do not keep their feet as clean as they should; frequent thorough washing should be enforced. If the feet are naturally tender they should be soaked for a time in a solution of alum, salt, or saltpetre, and water the night before a march and zinc or boric acid rubbed over them in the morning. The common causes of inflammation and swelling are rubbing by a seam in the shoes, a wrinkle or projection in the sock, grit in the shoes, and want of cleanliness. Ascertain the cause and remove it; soak the feet in cold water or alum, and see that clean socks are worn after marches. Any tendency to sweaty feet must be attended to; scrupulous cleanliness is necessary, and boric acid or oxide of zinc should be dusted inside the socks every morning. Blisters are caused by irritation from pressure; they should be opened and a pad and bandage applied. A hard corn should be carefully pared and pressure removed by wearing roomy boots. Soft corns are best treated by wearing digitated socks, or by applying cotton-wool between the toes to absorb the perspiration; this converts them into hard corns when they can be appropriately treated. Inflamed corns are relieved by lead and opium lotion. A common cause of chilblains is sitting at the fire with cold wet socks and boots on. The affected parts should be gently rubbed with a stimulating liniment, and thick socks worn. All nails should be cut square. Slight cases of ingrowing toe nail can be cured by pressing a nick of cotton under the nail. Severe cases must be operated upon.

THE THERAPEUTIC USE OF SUNSHINE.—The *Medical Record* in an editorial says: The beneficial effects of sunlight have been known to the peoples of the earth from very early times, and we find repeated references to its use in the writing of the old Greek physicians. The subject was again rejuvenated during the last century and has received considerable scientific attention more recently. The favorable effects of general sun-baths may be traced to the factors of increased perspiration, with a corresponding increase in the excretion of deleterious substances; a prolonged hyperemia of the skin, resulting in a derivation of the blood from the internal organs to the surface of the body; a stimu-

lation of the metabolic processes; a direct and peculiar action on the blood and the vessels; and finally a bactericidal effect in the superficial layers of the skin. The indications for the use of sun-baths may be found in diseases of metabolism (diabetes, gout, etc.), in congestions in the internal organs (cardiac defects, asthma), and in anemia, chlorosis, general weakness or protracted convalescence, skin diseases, scrofula and rickets.

Bernhard reports successful cures in lupus from exposure during a considerable period to the rays of the sun alone without the use of any accessories. Furuncles, phlegmonous processes, and all streptococcus infections were greatly improved, and the results in tuberculosis of the superficial glands and joints were very favorable. In addition to bactericidal powers, the sun's rays also possess other therapeutic properties. Epithelial formation is visibly promoted by exposure to the sunlight and flabby granulations are stimulated to renewed and healthy growth. He also notes the favorable action of sunlight in cases where a transplantation of skin flaps has been performed, the adhesion of the flaps and their final attachment being markedly hastened.

The suggestions contained in these are interesting and timely, and among other things may exert an influence upon our present methods of wound treatment. Occlusive dressings have been quite universally employed for both primary and secondary wounds, although there is apparently no reason why, after the danger of infection is once past, factors with such well marked healing tendencies as have been proved to be associated with sunlight and fresh air, should be entirely excluded. Sunlight is an agency which is easily obtained and readily applied and as a therapeutic factor in surgical procedures, it is deserving of more extended attention and study.



FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



THE PROGRESS OF GERMAN NURSES

(Continued from page 105.)

I MUST now tell a little about the various details of work undertaken by a German society of nurses. It will make our home people open their eyes.

Among the statistics kept are: The exact whereabouts of each member, at home or abroad; the numbers in hospital, in private duty, in district work or other work; number of days' work done by each member, and kind of work done, as day or night duty, full duty, massage hours; baths and other treatments given (hourly nursing); visits (as inquiry or reports to physicians) and operations; and further, the number of each one of these items for which full pay was given by the patient, for which lowered rates (as in hospital and district work), and for which no charges were made (as in district and hospital work again). These items are then all tabulated and summed up so as to show the total numbers under each head.

Further than this are most exact statistics showing numbers of members (of course, without names) who have the highest class of government insurance, those who have the lower class, and those who are not in the government insurance. Further, the numbers who are financially independent, partly independent, or sharer in coöperative sick funds.

Further, the numbers who are insured in private companies for capital or annuity, for pension and invalidity, for invalidity only, for illness, for accidents; the numbers of those who have been refused by insurance companies, those who are ready to be insured, and those who are receiving their insurance payments.

All of these statistics must be handed in to the different departments of government dealing with them. Do our nurses ask "Why?" Well, there is a very serious sense of responsibility in German life, and a society of nurses must show that it is a serious and responsible body before it can ask for public confidence. And the German nurses hope to be able to convince their government of many things in the course of time. They also enjoy certain advantages. For instance, members

of the organization, when travelling for health or vacation at their own expense (not on private duty) are entitled to half rates on the railroads, which belong to the government in Germany. There are also certain advantages which they can enjoy as to special rates in sanatoria or "cures."

Provision for old age is a part of the work of the German organization, made with a thoroughness that we would do well to imitate. This is not left, as with us to the carelessness of individual members, but is attended to by the society. First, every member makes known (of course, in strict confidence) her pecuniary position. If she has private means or a well-to-do family, she need not be insured unless she wishes it. But so earnest is the sense of responsibility that, as an example, the *Diakonie-Verein* does not release itself from this responsibility unless members can show that they possess a certain sum of money invested in first mortgage! so careful are they.

Let us consider the case of a sister without private means. She is first insured in the government insurance against invalidism and against old age. The great point about this is that there is no doctor's examination to pass. Everyone (within certain classes of workers) can and must insure, even though their health already be bad.

It is a system of cards and stamps like our penny saving-funds. The most that can be paid in in a year is about four dollars and fifty cents, and after four years of payments the invalidity rent or pension comes due. It is, of course, not large, but it is something—about fifty dollars a year in the highest class, during ten years, and about seventy-five dollars after that. Old-age pensions, which are due at seventy years, are, of course, not of as much practical importance as these invalidity pensions.

The entire supervision of the cards on which the stamps are attached rests with the Police Department. The stamps are bought and pensions are paid in the post-office. There is much that is very practical in the invalidity insurance. For instance, a nurse living in a certain town was ordered a certain cure by the physician. As there was not a cure of this kind where she lived, the "*Landesversicherung*" paid her seventy-five dollars to go to Elster and have her cure. Supplementary to government insurance are the private companies. A German organization urges all of its members who can pass the physical examination to insure also in a private company, and it struck me that the arrangements made, for instance, by the German "*Anker*" life insurance company for nurses were far more liberal, elastic, and varied than ours are at home. Finally, after these two modes of self-help have been attended to, the German

organization says to its members (and this I want to call attention to, for it seems to me immensely sensible and just): "Now, if you have done all that is possible for yourself and are still needy, we will help you to the extent of our resources. But if it can be shown that you have neglected your own self-help, then you must not ask us to take care of you." With this practical and right little weapon they get all of their members to insure their lives in one or both ways described, and then, for help where further help is needed, they collect an Emergency Fund, or "Hilfs Kasse," for their members.

We might well imitate our German sisters in much of their thoroughness and systematic orderliness.

L. L. Dock

REPORT OF THE NURSING CONFERENCE HELD IN LUCKNOW IN JANUARY, 1905

WE are indebted to the kind friend who has thoughtfully sent us the deeply interesting report of this conference, and mention now that anyone desiring this report can order it from the Christ Church Mission Press, Cawnpore, or information will be given by Miss Hester Knox, St. Catherine's Hospital, Cawnpore.

At this conference the important step of founding an Association of Nursing Superintendents of the United Provinces and the Punjab was taken, a constitution adopted which is much like that of our Superintendents' Society, and officers elected, of whom Miss Macnaghten, St. Catherine's Hospital in Amritsar, is president, and Miss Knox secretary. The papers read were practical discussions of the training of nurses and hospital management—they are one with the papers written by our own superintendents on these lines, and seem to bring the writers strangely near to us by quoting Mrs. Robb, Miss Snively, and Miss Nutting. One paper was written by Miss K. Fahs, a graduate of the University of Pennsylvania Hospital.

The descriptions of the difficulties in the way of teaching the native women are most interesting, being much like the difficulties of our nurse-teachers in Cuba with the added obstacle of the prejudices of caste. In a paper on "Hospital Discipline and Routine" Miss Macnaghten closes by saying: "In my plan of discipline I encourage each nurse to think for herself, and, as I see her able, put her into some post of responsibility. The feeling they are trusted gives them self-respect and a desire to go forward and do more; this, I feel, helps the freer development of character, which, perhaps, has been too little sought by missionaries in days gone by, who have often found it easier to do a

work themselves rather than teach and trust another. Personally I feel very strongly that it is by Indians and not by Europeans and Americans that India must be evangelized, and that, therefore, all work should have that thought and aim in view; and am I too hopeful when I close this paper with the dream, or shall I say expectation, of one day seeing a little group of Indian lady nurses (ones, perhaps, that we have trained), meeting together as we do now, to see how they in their turn can best further the work of improving the standard of nursing among their own sisters? When that day comes we will rejoice, and will gladly, if health and strength permit, go farther afield to the regions beyond, and will feel that our work in India has not been in vain."

ENGLISH HOSPITALS

I REALLY think the prettiest hospital wards I have ever seen are those of St. Bartholomew's. Not the grandest or the most modern, but the most homelike and cheery, the very type and picture of comfort and welcome. They are less like institution wards and more like a home than those of any other hospital that I know of. They are square, and not too big, with a chimneypiece in the centre, with two open fireplaces in it, one on each side. These fireplaces are like those of some fine old colonial house, each having a stately, tall, shallow mantelshelf of severest classic lines above it. As the log in person is too much trouble, a green porcelain tiled open-grate arrangement in each fireplace holds a big bed of soft coals, cheerfully burning. The mantels and walls are painted green, the beds are white enamel, and the floors stained hard wood, rather light in color.

The feature that to me is so charming in these wards is their color effect. First, in a medical ward that I saw (some strict bacteriologists may faint here), big square Persian-effect rugs lie before each fireplace. Then, the beds have a quaint, old-time fixture by which they may be curtained. The curtains are of blue and white checked gingham, and when not in use hang straight against the wall at the back. The bedspreads themselves have colored borders or lines, a real old-fashioned country-house type, and the convalescent patients have red blankets on their chairs. The high mantels and all the tables have many (not one or two, but many) big blue Canton jars for flowers, and these are always full. The way the English nurses arrange their flowers is something quite a specialty of their own. Then there are one or two pictures on the walls (in medical wards) and a canary in a cage, and great, comfortable, black leather-covered and stuffed armchairs before the fires, and brass andirons, fenders, buckets, and tongs. The nurses' uniforms are of

plain, dark blue linen, with, of course, all the white adjuncts, and all the little patients' braids are tied up with blue or red bows. The surgical wards are rather more severe, but still full of color. When one sees such cheerful wards it seems quite right to find the rooms of the ward sisters opening right out of them, especially as they are as pretty and comfortable as in any private house. Some of the sisters have been in charge of their wards for many years, and one could no more imagine them anywhere else than one could imagine a devoted mother anywhere else than at the head of her family. Two of these mother-sisters whom I met seemed to me the ideal nurse, all that she can and ought to be. It is no wonder the eyes of the French doctors stood out of their heads when they visited the English hospitals, and if any of the English doctors have ever failed to appreciate their blessings they will certainly do so no more after making their return visit to Paris.

Although in the newer English hospitals the sisters no longer sleep near their wards, yet the practise of giving them a private room just off the ward is quite cherished, and seems to be a part of the great respect accorded to the position of sister and of her permanence in her ward. For instance, Miss Mollett's beautiful new wards at Southampton each have a charming little sitting-room (not office) for the sister, where she may, if she wishes, receive a guest and have her afternoon tea. In the Royal Infirmary in Edinburgh, a magnificent and enormous hospital with lavish space for everything, the sisters also have very beautiful little sitting-rooms. I was rather amused here to find that Miss Spencer regards it as a lack of confidence in the head nurses when hospitals fail to supply these sitting-rooms. That is, of course, not the case, and I must wonder what our hospital architects would say if they were expected to give up these little rooms which would be so nice for specials. Whatever the arguments for and against may be, two conclusions are plain. First, that although in America we have such an enormous country we seem never to have room enough for our buildings and work-rooms, and, second, that the English people bring the home atmosphere into their hospitals more than is done in other countries.

THE French Nursing Journal is discussing the "Matrone" with much interest. There are no "Matrons" (superintendents of nurses) in the French hospitals, and the physicians who have visited England now realize how important they are and how much the Paris hospitals need them. Dr. Felix Regnault says that sooner or later it will be understood how seriously this deficiency has hampered the development of French training-schools.

ITEMS

St. Bartholomew's League is having a course of ten lectures on Bacteriology this winter, which non-members may attend by payment of twenty-five cents. The Irish Nurses' Association is having, among other lectures, a history of vaccination.

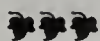
A bill providing for the State Registration of Nurses is being brought before the House of Assembly of Tasmania, with the support of nurses and physicians. Miss Milne, of the General Hospital, and a Vice-President of the International Council, has been the chief mover in this advance.

It is most encouraging to see that French nurses are beginning to write to the nursing journal and express their views. This is a *very* recent thing. The French nurses are also urging the authorities to give them a woman head, with suitable assistants, so that each nurse may hope to rise by merit through the various grades of junior, senior, head nurse and assistant to the matronship or head of the hospital service, and that so there may be a nursing staff "worthy of the name."

The Provisional Committee of the National Council of Nurses of Great Britain and Ireland, meet in October, in London, when a most encouraging showing of membership and general interest was made. The membership now includes Seven Leagues or Alumnae Societies, the Registered Nurses' Society, the Society for State Registration, the Irish Nurses' Association, and the Matrons' Council, and totals 3,000 odd nurses. Next May at the annual meeting a constitution will be finally adopted. This is the English group which has affiliated with German and American nurses in the International Council and the plan now is to have an informal meeting in Paris in June 1907.

The associated nurses of Victoria, in Australia, have established a Board of Examiners under their voluntary registration plan, and they have begun the examination of nurses who desire the recognition of the association. Out of 56 examined, not long ago, three were rejected, but had not the examinations been made very lenient at the outset more would have fallen through. The medical editor of "Una," the Journal of the association, is a man of great liberality of view, who expresses the hope that in time "Una" might be entirely managed by nurses, and written by nurses for nurses. That, he said, was the line on which the best English and American nursing journals were conducted.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: The majority of your correspondents in writing on the subject of trained nurses, versus untrained nurses, seem to agree that the graduate nurses are to blame for the present state of affairs. If such is the case, are not the training schools at fault? First, in accepting as pupils women who are not fitted for the work, and then in not requiring a sufficiently high standard of work before granting their diplomas, and in not giving enough time or attention to the training of pupils for private nursing.

The State registration of nurses, which will mean that all training schools must conform to a higher standard of training for their nurses than is now required in many schools, will in part, remedy this evil.

Nursing in private families is certainly very different from hospital work, but I do not agree with one of your correspondents who writes that "the only way to learn private duty is to do it." But I do think, however, that in even our best training schools, the teaching of private nursing is sadly neglected. Many of the superintendents and teachers have had little or no experience in private work and cannot realize the difficulties to be overcome, or the importance of the many little things which make or mar, the success of the nurse in a private house.

Would it not be possible to give each graduating class the benefit of a few talks on private nursing, given by some successful nurse in active practice? Surely each superintendent could find among her graduates nurses who would be capable, and I should think, glad to give such a talk.

The pupil nurse would in this way, get a better idea of what is expected of her in private duty and profit by others' experience, and so be spared some of the blunders many of us have made in our first years of private work.

It seems to me this would be a better way of meeting the difficulty, than returning to the old method of sending the pupil nurses out to cases which rightly belong to the graduates.

E. F. D.

[This writer makes a very practical suggestion. Alumnae Associations might suggest this to their schools.—Ed.]

DEAR EDITOR: I enjoy the JOURNAL very much and could not do without it. It has been some time since I have seen any news from Kansas City. But it is not because there are no nurses or that they are not busy.

The Kansas City Association of Graduate Nurses has a meeting once a month. One of the features of each meeting is a lecture by some prominent doctor. In this way the doctors become acquainted with the association and with the nurses personally as well as furnish an instructive variation for the nurses, most of whose lecture course stopped with their hospital training.

We have a register of forty-six names. So with four or five calls a day, which often happens, the nurses can be kept busy from this register alone.

We are working, hoping and waiting for State registration. E. T.

DEAR EDITOR: Was it a "mind-wave" that caused protests and warnings to nurses against the lay nursing press to sound almost simultaneously in several quarters last month? At the Niagara meeting and the Toronto conference I made the very points made in the British Journal by an English Matron at almost the same moment—that all publications controlled by nurses are sound and solid on all questions of ethics and progress, whereas, the lay press is without exception hostile to the union and co-operation of nurses for their advancement, opposed to state registration, the enemy of independence and self-government, and the fomenter of discord and distrust. At nearly the same time Dr. Felix Meyer, in Australia, was advising the nurses of Victoria to control and write their own journal.

The lay nursing press of England is especially mischievous, and it is perfectly astounding that in an Anglo-Saxon country the nurses should encounter opposition of precisely the same character that the "Intellectuals" of Russia encounter in their strivings for freedom;—only different in degree—not in kind.

Intimidation, browbeating, secrecy and underhandedness in attack, anonymity, the copious use of money, the effort to break down freedom of expression. These are the tactics of the lay nursing press against which nurses who are working for organization, self-government, higher education, and legal status must defend themselves and stand.

And they will do it, too, for progress cannot be stayed.

L. L. Dock

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

EDITOR'S MISCELLANY



NURSING CARE OF THE GREAT MIDDLE CLASS.—MISS SOPHIA F. PALMER in discussing the question of nursing care for the great middle class at the Portland conference said in part:—

“The question of nursing care for the great middle class is an economic one, a question of supply and demand. When the time comes that there are more nurses for the rich than the rich require, and that all of the nurses in the world cannot be sure of commanding from \$18 to \$30 per week for their services, they will be compelled to accept the more moderate fee which the middle classes are able to pay.

“More than that, there is an awakening responsibility of an ethical and professional character becoming manifest in the great nursing body and with standards of education established largely through the influence of nursing organizations and state registration, nurses are beginning to feel that the care of the poor and the great middle class are to become a professional responsibility for nurses, in exactly the same way and degree that it is a professional obligation for the physician.

“In other words, nurses in the future will abandon the fixed charge of say \$25 per week and will make their fee according to the circumstances of the person for whom they are working—for one man \$5 and for another \$100. This change will come without aid from philanthropists or district nursing associations but as a matter of evolution.”

THE MOVEMENT FOR MORAL PROPHYLAXIS.—A definite initial stage may be said to have been reached in what promises to be an important movement in this country, in a meeting October 12, of the Society of Sanitary and Moral Prophylaxis at the New York Academy of Medicine. The work accomplished by the parent French society of the same name was presented by Dr. E. L. Keyes, Jr., and the nature, scope and character of the agencies that should provide education in matters relating to the sex functions were discussed by Dr. Prince A. Morrow, Dr. Keyes, the Rev. Dr. Lyman Abbott, Dr. Luther R. Gulick, of the Board of Education, and Dr. P. M. Balliet, dean of the School of Pedagogy of New York University.

All speakers bewailed the mystery and ignorance prevailing, concerning this subject. There was, however, a general consensus of opinion that the social vice and the diseases resulting from it are very prevalent; that ignorance is largely to blame for this, and hence education by the proper agencies is the most effective remedy; that parents are the best teachers of these subjects to their children, and that they are often condemning their children to lifelong misery by a false modesty concerning this most delicate subject; that individual instruction begun before the age of puberty is absolutely the most useful, but that students in the secondary schools and especially young men in colleges can be benefited by a good book or good lecture dealing with the subject in a frank, but wholesome way.

The meeting was well attended, and there was evidence of general co-operation from those who feel a concern for the higher physical and ethical life of the people.—*Charities*.

FEEDING AND DRAINING THE INTESTINE THROUGH LAPAROTOMY WOUND.—The *Journal of the American Medical Association*, quoting from *Deutsche Medicinische Wochenschrift*, says: "For five years von Stubenrauch has been supplying nourishment to certain laparotomy patients by injecting a nourishing fluid into the intestine while it is exposed during the laparotomy. He reviews the drawbacks of nutrient enemata and the frequent lack of absorption, and then describes his experience in fifteen cases in which he drew a loop out of the laparotomy wound, choosing one a yard or more from the seat of operation and while it was outside the abdomen he punctured and evacuated its contents, substituting them with a quart of milk containing the yolks of eggs, salt, sugar and other ingredients. No mishap occurred in any case, and the patients were thus nourished from the start, without taxing the stomach or wasting time on nutrient enema. This injection stimulates peristalsis, which is liable to be more or less inhibited by the operation. He is careful not to stimulate it too much, and for this reason avoids large amounts of sugar, alcohol and salt in the fluid introduced. A very much debilitated patient is prepared by rectal injection of a solution of sugar and salt in small amounts repeated several times during the day, or by subcutaneous saline infusion or subcutaneous injection of olive oil. During the laparotomy, about a quart of the intestine food is introduced, and afterward a pint of saline solution is poured into the abdomen and a quart is injected subcutaneously. Nothing is allowed by the mouth during the first twelve hours, but the mouth is rinsed

out occasionally. After twelve hours, tablespoonfuls of cold tea are given and after the second day milk, etc., several times during the day in small amounts. In cases requiring artificial feeding for only a few days, he sutures the loop of the intestine to the abdominal wound so that food can be introduced directly into the intestines as needed, but if the artificial feeding has to be kept up for some time he makes a fistula according to the Witzel, Albert or Maydl technic. This suturing of the intestinal loop to the lips of the wound has proved a life-saving measure in several cases of ileus, allowing gradual evacuation of the gases and fluid intestinal contents, through a metal cannula. He covers the exposed intestine with a disinfecting paste. He describes his technic in detail and cites a number of cases which have established its benefits."

INTESTINAL ANTISEPSIS: ITS THEORY AND APPLICATION.—The *Alkaloidal Clinic* says: W. C. Abbot claims for intestinal asepsis the reduction of the number and potency of the pathogenic bacteria in the intestine by the use of appropriate remedies, not the rendering of the canal entirely aseptic, a thing that is manifestly impossible. The debris of ingested food becomes, in deranged conditions of health, a nidus for the growth of germs. In most acute diseases food is not assimilated, the body chemistry is deranged, and the intestine becomes full of fermenting material ready for the growth of germs. Poisons are absorbed along the course of the intestine, and produce their toxic effects. Constipation causes this fermenting mass to remain in the bowels, or a part is rejected, leaving plenty behind in the folds and pockets of the intestine. The first thing to be done to render the intestine less septic is to remove as much as possible of the contained material, by the use of moderate doses of calomel. This at the same time stimulates the intestine and the liver, and causes the peristaltic action of the bowel to be encouraged. A saline is then given, causing an excess of serum to be poured out, and the stomach and intestine are made clean for the action of the sulphocarbolates, which are inimical to all germs, while at the same time not harmful to the most delicate membranes. Those used are the sulphocarbolates of zinc, lime, and soda, separately, or in combination. Under their use hyperpyrexia lessens, tympanites and foul tongue pass away. Digestive and febrile diseases of all kinds should be treated in this way. The sulphocarbolate of zinc may be given one grain, repeated every half hour or two hours, gradually increasing to 5 grains at each dose. Even two drachms in 24 hours may

be taken without harm. When they have had the desired effect the stools are no longer black from bismuth combined with the sulphocarbonate, but take on a gray and then a normal brown color. The zinc is more astringent and antiseptic, the soda more antacid while chronic cases with cachexia find the lime salt act as a tonic nutrient. The sulphocarbolates are very soluble, and hence are most useful. Assimilation soon begins to improve, and the microscope fails to find bacteria in the stools. Absorption occurs, not of poisons, but of properly digested foods. Opiates and anodynes in such cases only lessen the pain and do not do away with the poisoning.

HIGH INJECTION INTO THE INTESTINES.—The *Journal of the American Medical Association*, in an abstract of a paper in *Berliner Klinische Wochenschrift* says: "Years of experience have confirmed von Aldor's previous announcements in regard to the great benefit to be derived from injections carried high into the bowels. He uses a soft Nélaton sound, like a stomach tube, and guards against its rolling up at the sigmoid flexure by digital examination. The patient lies on the left side. Experiments with tubes coated with bismuth in a mixture of oil, glycerin and gum arabic showed that the tubes actually made their way into the higher parts of the gut, as could be seen by the *x*-rays. He gives two illustrations, one showing the wrong way to introduce the tube and its rolling up in the ampulla, the other showing the right way and the course of the tube as it reached the higher regions. The walls of the intestines can be treated just where desired through the tube, and medicated fluids introduced. When the fluid is injected without a tube, most of it accumulates in the lower bowel and very little, if any, finds its way to the higher regions. High injections of Carlsbad water have proved exceedingly useful in certain cases.

TREATMENT OF OBESITY IN CHILDREN.—Orgler recommends potatoes and fluids in abundance with avoidance of fat and sauces. An obese boy on these restrictions lost ten pounds in the course of a month. The nitrogen balance was kept up on nitrogen taken in excess.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

ASSOCIATED ALUMNÆ REPORTS

A limited number of reports of the Eighth Annual Convention of the Nurses' Associated Alumnæ held in Washington, D. C., in May, 1905, have been printed.

Copies can be had on application to the secretary, Miss Nellie M. Casey, 814 South Tenth Street, Philadelphia, Pa., enclosing ten cents to cover postage and cost of report.

There are also a large number of the reports of the Buffalo Congress still unsold.

NEW JERSEY.—The New Jersey State Nurses' Association Fourth Annual Meeting will be held in the Hasbrouck Institute, Cor. Crescent and Harrison Ave., Jersey City, N. J., Thursday, Dec. 5, 1905, at 2:30 P. M.

MARY E. ROCKHILL, Secretary.

VIRGINIA.—The Graduate Nurses' Examining Board of Virginia will hold examinations for the registration of graduate nurses on Tuesday, December 5th, at 9.30 A. M. at the Danville General Hospital, Danville, Virginia, and at the Atlantic Hotel, Norfolk, Virginia.

All nurses desiring to take this examination will kindly notify the Secretary, Mrs. Leah de Lancey Hanger, 7 Waverly Boulevard, Portsmouth, Virginia.

STATE MEETINGS

PENNSYLVANIA.—The Graduate Nurses' Association of the State of Pennsylvania met at Newcastle, Pa., on October 18, 19 and 20, 1905.

The first session opened at two o'clock on Wednesday afternoon. Miss Constance V. Curtis, the first vice president, was in the chair, owing to the unavoidable absence of Miss Anna E. Brobson, the president, who has taken up institutional work at Omaha, Nebraska. Prayer was offered by the Rev. J. W. Campbell. The Hon. Louis Hainer, the mayor of the city, made an address of welcome and Dr. Montgomery Linville addressed the nurses.

One of the most enjoyable features of the meeting was the paper on "Civic Sanitation," delivered by Mrs. Johanna Von Wagner, Sanitary Inspector of Tenements of Yonkers, N. Y. Mrs. Von Wagner was the honored guest of the Association for the remainder of the session.

At this meeting 94 new members were admitted.

The Lawrence County Nurses' Association gave a reception on Wednesday evening.

The executive session commenced on Thursday. The morning session was taken up with the reading of the reports of officers and committees.

Thursday afternoon was devoted to the annual election of officers and other routine business. A most satisfactory board has been secured: President, Miss M. Margaret Whitaker, 1902 Green Street, Philadelphia, Pa.; first vice president, Miss Mary J. Weir, South Side Hospital, Pittsburg, Pa.; second vice president, Miss Mollie Mulloy, Philadelphia Hospital, Philadelphia, Pa.; secretary, Mrs. Edwin W. Lewis, 523 Second Street, Braddock, Pa.; treasurer, Mr. William McNaughton, 265 Emerson Street, Pittsburg, Pa.; chairman of membership committee, Miss Mollie A. Cumiskey, 1033 Tioga Street, Philadelphia, Pa.; Directors, Miss Anna E. Brobson, Clarkson Memorial Hospital, Omaha, Nebraska; Miss Emily Ganewell, 1013 Green Ridge Street, Scranton, Pa.; Mrs. Harriet Cochran, Shenango Valley Hospital, Newcastle, Pa. Miss Maude W. Miller, 634 Maple Lane, Sewickley, Pa., was again appointed assistant secretary and press agent.

Immediately following this meeting all were invited to a trolley ride in special cars and were taken over every line in the city and to the beautiful Cascade Park.

The members of the Wednesday Morning Musical Club kindly hastened the date of their annual musicale that the convention might enjoy it. This was given on Thursday evening.

The first business on Friday morning was the installation of the new officers, followed by the planning of work for the coming six months, and a directors' meeting.

Invitations for the April meeting were received from several Eastern cities, but Altoona, Pa., seemed to need us most. Several papers on topics of interest are being prepared for reading at that time.

The Shenango Valley Hospital and several of the many industries of the city were visited. The members felt that they had had both an enjoyable and profitable meeting.

MAUDE W. MILLER, Press Agent.

CANADA.—A most enthusiastic meeting, under the auspices of the Graduate Nurses' Association of Ontario, was held in the theatre of the Normal School, Toronto, on Thursday, October 19. Miss M. A. Snively, superintendent of the Toronto General Hospital, occupied the chair and introduced the speakers of the evening in a very graceful manner.

Miss Lavinia Dock, honorary secretary of the International Congress of Nurses, who has just returned from abroad and who has spent many years in studying the whole question of "State Registration for Nurses," gave the address of the evening. Mr. Cameron, M.B., LL.B.(Edin.), represented the medical profession and was followed by Mrs. Willoughby Cummings, secretary of the National Council of Women, who represented the public. In spite of the heavy rain a large and appreciative audience of graduates and undergraduate nurses greeted the speakers. The lady superintendents with their classes of pupil nurses were present from Grace Hospital, Riverside Hospital, Hospital for Incurable Diseases, and the Orthopædic Hospital. St. Michael's Hospital was also well represented.

The large number present and the unanimous spirit displayed we take as an augury of success in securing state registration for the Canadian nurses.

REGULAR MEETINGS

TEWKSBURY.—The Alumnae of the Massachusetts State Hospital held their annual meeting October 5th, when officers of the year were elected.

BROOKLYN, N. Y.—The graduates of the New York School for Training Nurses, connected with the Prospect Heights Hospital and Brooklyn Maternity, have organized an Alumnae Association of forty-three members.

PHILADELPHIA.—The Alumnae Association of the Woman's Hospital held a regular meeting on November 8. Among the subjects discussed was the proposed club house for Philadelphia nurses. The next meeting will be held on December 13.

NEW YORK.—At the October meeting of the Alumnae Association of the Roosevelt Hospital Training School for Nurses, Mrs. Dita H. Kinney, Superintendent of the Army Nurse Corps, gave a very interesting talk about the duties and life of the army nurse.

READING, PA.—At the regular meeting of the Alumnae Association of the Reading Homœopathic Training School held Sept. 6th the furnishing of a room in the new addition of the hospital was discussed at length; further action will be taken at the next meeting.

PHILADELPHIA.—The regular monthly meeting of the Jefferson Hospital of Philadelphia was held on Wednesday afternoon, October 11th, 1905, at 1227 Arch Street. Quite a number of members from other cities were present and the work of the fall was taken up after two months' vacation.

BROOKLYN, N. Y.—The two fall meetings of the Brooklyn Hospital Alumnae were held in October and November respectively. Owing to the absence of many members very little business was translated.

It is hoped that with the next meeting a busy season will begin and the endowment fund be completed.

NEW YORK.—The Seventh Annual meeting of the German Hospital Association was held on October 3, '05, the second meeting on November 7, both meetings being well attended.

Officers elected for the coming year: Mrs. Lavinia Keller Chapmann, President; Miss W. Augenshein, Miss M. Mayn, 1st and 2nd Vice-Presidents; Miss Katie Mertensen, Secretary, 1107 Lex. Ave.; Miss Emma Duensing, Treasurer.

ANN ARBOR, MICH.—The Nurses' Alumnae of the University of Michigan Training School for Nurses held its first meeting of the fall session at the Nurses' Home, Ann Arbor, Michigan, October 27th, 1905, at 3.30 P. M. A committee was appointed to make arrangements to hold a meeting November 24th for the purpose of organizing a Washtenaw County Graduate Nurses' Association.

BROOKLYN.—The semi-annual meeting of the Graduated Registered Nurses' Association of the County of Kings was held on Thursday, October 5th, 1905, at the Kings County Medical Building, Miss O'Niell, the 1st Vice-President, presiding. It was with regret that the resignation of the President, Miss Montieth, was read and accepted. The nominating committee for the election of officers for the coming year was elected. The meeting was well attended.

BRIDGEPORT.—At the annual meeting in October of the Bridgeport Hospital Training School Alumnae the following officers were elected: Miss Helena T. Kelly, President; Miss Elizabeth G. Collins, 1st Vice-President; Miss Josie V. Scanlon, 2nd Vice-President; Miss Eliza Lavery, 3rd Vice-President; Miss Jeanie M. Campbell, Rec. Secretary; Miss Elizabeth V. Suckley, Treasurer; Miss Emma Elise Evers, Cor. Secretary.

PHILADELPHIA, PA.—The regular monthly meeting of The Alice Fisher Alumnae was held at the Club House, 804 Pine St. 32 members were present. Three new members were elected and one proposed for membership. The various committees reported progress.

A very interesting discourse was given by Mrs. A. R. Ramsey of The Juvenile Court. Tea was served. The next meeting will be the first Monday of December.

PITTSBURG, PA.—The Nurses' Alumnae of the Western Pennsylvania Hospital were pleasantly entertained Tuesday afternoon, November 7, 1905, at the home of Dr. Clyde O. Anderson, Frankstown ave. Miss Helen Hunt was present and gave a very interesting report of the State Graduate Nurses meeting held at New Castle. After the regular business meeting Mrs. Anderson, the president, displayed her usual hospitality and all enjoyed the social programme and refreshments.

BROOKLYN, N. Y.—The regular quarterly meeting of the Alumnae Association of the Methodist Episcopal Hospital of Brooklyn, N. Y., was held at the Hospital Oct. 11th. The President, Miss Waterman, was absent. Twenty-one members were present. Eight new members were proposed for membership. The membership now numbers ninety-seven.

Discussion was held on ways and means for raising money for the Endowment fund.

PHILADELPHIA.—The regular monthly meeting of the Jefferson Hospital Alumnae Association was held on October 27th at the Nurses' Home, 226 South 7th Street. Officers for the ensuing year are: President, Miss A. B. O'Laughlin;

1st Vice-President, Miss H. R. Morrow; 2d Vice-President, Miss M. A. Jamieson; Treasurer, Miss S. J. Martin; Secretary, Miss O. E. Macumber; Assistant Secretary, Miss A. L. Graham.

SOUTH BETHLEHEM.—The eighth annual meeting of the Alumnae Association of St. Luke's Hospital was held at the Hospital on October 18th, fifteen members being present. After the routine work was finished and the usual amount of money voted to Miss White, the Superintendent, for use in the Home, a motion was made and carried that each member of the Alumnae should, during the coming year, see how much she could collect or make toward a fund for the endowment of a private room for sick nurses, and report at the next meeting. One new member was admitted.

BUFFALO.—The regular meeting of the Buffalo Nurses' Association was held Nov. 4th. In the absence of the Pres. and Vice Pres. Miss Ida Gardner was elected chairman. Three new members were elected and two applications received. After the regular business, plans for the Fair to be held the first week in December, were discussed. The proposed Fair is to raise funds for the club house and great enthusiasm was manifested by the members as well as the Committee of which Mrs. Harnet Dorr Storck is general chairman.

Several members of the association attended the meeting of the New York State Association of Nurses at Niagara Falls the middle of October.

CINCINNATI, OHIO.—The quarterly meeting of the Cincinnati Hospital Alumnae was held October 2d, 1905, Miss Isaminger, Vice-President, presiding in the absence of the President, Mrs. Hartsoch, who has accepted the Superintendentship of the City Hospital, Springfield, Ohio. After the routine business had been transacted, a motion was made by Miss Fisher, that a "Call Meeting" be appointed for November, the object being to discuss the advisability of changing the meetings from quarterly to monthly. Miss Emrie read Miss Sophia F. Palmer's paper given before the Federation of Nurses at Washington on "The Effect of State Registration upon Training Schools," which brought out a general discussion.

PHILADELPHIA.—The Philadelphia County Nurses' Association will hold its meetings quarterly in the future instead of monthly. The first meeting was held in the Club Room, 208 Fuller Building. The President, Miss Lucy Walker, was in the chair. Miss Whitaker, president of the Pennsylvania State Society, gave an account of the reception of the nurses in New Castle and made an encouraging report of the work accomplished, and urged upon all present the necessity of working with renewed energy for State Registration. After tea was served a paper prepared by Miss Martha Smith, entitled "How best to obtain Rest by Work," was read. Particular stress was laid on the necessity of relaxation and change of occupation. A general discussion followed. It is proposed to have similar papers and discussions at the future meetings of the Association, so that the power of the County Organization may be felt in educational as well as

social work. Tea is served in the club room every Friday afternoon from 3 to 5 P M.

CHESTER COUNTY, PA.—A meeting of the Chester County Nurses' Association was held in the Phoenixville Hospital Wednesday, Oct. 11th, 1905.

The meeting was called to order by the President, Miss Constance V. Curtis. Those present were: Miss Curtis, Miss Quarelle, Miss Weiderhold, Miss Baker, Miss McCausland, Miss Evans, Miss Peirson, and Miss Stevenson.

The secretary being absent, Miss Curtis appointed a secretary pro tem. After the reading and approval of the minutes, the question arose as to the advisability of continuing the county association. The motion was made and carried that the association be continued, with an initiation fee of fifty cents and annual dues of ten cents. Miss Quarelle was appointed delegate to the third annual convention of the Graduate Nurses' Association of the State of Pennsylvania held in Newcastle, Pa., Oct. 18th, 19th and 20th, 1905.

It was decided that the same officers continue to serve until the annual meeting, which will be held in the Coatesville Hospital the first Thursday in February, 1906.

BIRTHS

At Detroit, Mich., November 5th, 1905, to Dr. and Mrs. Cunningham a son. Mrs. Cunningham was formerly Miss Margaret Holihan, a graduate of St. Mary's Hospital, Class of '02.

On Sept. 7, a son to Mr. and Mrs. Jacob Barnes of Allentown, Pa. Mrs. Barnes was Miss Katharine Kay Hume, graduate of St. Luke's Hospital, South Bethlehem, Class of 1903.

JULY 24, 1905, in Indianapolis, Ind., to Mr. and Mrs. Charles A. Brown, a daughter. Mrs. Brown was Miss Belk, graduate of Indianapolis, Ind., City Hospital Training-School for Nurses, Class of 1897.

MARRIAGES

At Valley City, N. D., August 24, Miss Florence Hallock to Dr. J. Van-Houston.

On October 4, at the Tewksbury parsonage, Miss Mary H. Meikle, Class of 1901, to Mr. W. Percy Daniels of Hyde Park, Mass.

AUGUST 16, 1905, Miss Ada L. Hirth, graduate of the University of Michigan Training-School, Class of '99, to Mr. Charles Emery Mahoney.

At Erie, Pa., Sept. 14, 1905, Miss Sophie Love Evans, graduate of the University of Michigan Training-School, Class of 1900, to Dr. Clarence E. Good.

At St. Mary's Church, Penacook, New Hampshire, Miss Eva May Emery, graduate of the New Hampshire Memorial Hospital, to Mr. Edgar E. Crosby.

AT Brookline, Mass., October 18, 1905, Miss Anne Durling, graduate of the Massachusetts General Hospital Training-School, to Mr. Frederick Henshaw Pollard.

ON June 13, 1905, at Ann Arbor, Mich., Miss Katharine Scott, graduate of the University of Michigan Training-School, Class of '99, to Dr. George G. Richards.

AT Sharon Hill, Pa., October 26, 1905, Miss Lydia Cook Folwell, graduate of Jefferson Hospital, Philadelphia, Class of 1903, to Dr. Charles Armory Dexter. At home in Columbus, Georgia.

IN New York City, October 10, Miss Laura Grandjeau of Pass Christian, Mississippi, to Mr. John Stewart Lowry of New York. Miss Grandjeau is a member of the Johns Hopkins, Class of 1902.

AT Quakertown, Pa., October 5, 1905, Miss Florence Haldeman, a graduate of Jefferson Hospital, Philadelphia, Class of 1900, to Mr. Alexander Bonbright Hood. Mr. and Mrs. Hood will reside in Connellsville, Pa.

ON October 10, at Saint Augustine Church, Andover, Mass., Miss Annie G. Kelly to Mr. John R. McDonald, both of Tewksbury. Mr. and Mrs. McDonald will be "at home" in Tewksbury after December 1.

AT Lancaster, Pa., October 18, 1905, Miss Anna Blanche Lichty, a graduate of Jefferson Hospital, Philadelphia, Class of 1904, to Mr. B. Frank Snavelly of Lancaster. Mr. and Mrs. Snavelly will make their home in Lancaster.

MISS GRACE RUNDELL, a graduate of Roosevelt Hospital and for the past two years assistant superintendent of that training-school, was married to Mr. Harry Eppes at the home of her mother at Boiceville, New York, on September 26.

IN Denver, Col., October 18, Miss Nina Maude Burke to Mr. Wallace Walker Coffey. Mrs. Coffey graduated from the School for Nurses of the Northwestern University, Class of '85, and served three years in the Army Nurse Corps.

IN Manila, August 30, by the Rt. Rev. Bishop Brent, Marjorie Kirkpatrick, only daughter of the late Charles A. Kirkpatrick, Major, Surgeon, U. S. Army, to Merrick W. Creagh, of the firm of Castle Bros., Wolf & Sons, of Manila. Mr. and Mrs. Creagh will be residents of Manila.

MISS MAGDALENE VOGT, German Hospital, Class '02, was married at the home of her brother-in-law, Dr. Haydeman, Hickville, N. Y., Oct. 29, to Mr. T. Steiger, Surveyor and Civil Engineer. After a short wedding trip to Niagara Falls and Canada Mr. and Mrs. Steiger will reside in Brooklyn.

IN St. John's Episcopal Church of Elizabeth, New Jersey, on the afternoon of Saturday, October 28, 1905, by the Rev. Otis A. Glazebrook, D.D., Alice King Suydam, daughter of Colonel Charles C. Suydam and the late Eliza Gracie Suydam, to Joseph Howland Bigley. Miss Suydam, who is a member of the Johns Hopkins Hospital Training-School Alumnae, had been doing private nursing ever since her graduation in 1903 and to within three months of her marriage.

OBITUARY

At the Methodist Episcopal Hospital of Brooklyn, N. Y., September 13, 1905, Mabel M. Gaskin, Class of 1905, after a week's illness of pneumonia and meningitis. Miss Gaskin was a sister of Miss Margaret B. Gaskin, Class of 1901.

MAY 20, 1905, in Indianapolis, Ind., Miss Alice Rogers. Miss Rogers was for several years with the Union State Hospital in Indianapolis, but resigned that position on account of failing health. She was a graduate of Bellevue Training-School, New York.

IN October, in Canada, of tuberculosis, Leila McCallum of Ontario. Miss McCallum graduated from the Johns Hopkins, Class of 1900, and gave her life for her work, contracting her disease while doing district nursing. "Greater love hath no man than this, that he lay down his life for his friends." "He who loseth his life for my sake, shall find it."

SUDDENLY, in St. Louis, on October 20, Mrs. Katherine Stafford Bettie.

Mrs. Bettie was a graduate of the Cincinnati Hospital, Class of '98, and previous to her marriage was engaged in the practice of her profession in Pittsburgh, Pa. The funeral services were held at the home of her mother in Aurora, Ind., her babe of a few hours being buried with her.

It was with greatest regret that the members of the Alumnae Association of the Jefferson Hospital Training-School, Philadelphia, learned of the sudden death of Miss Elmira Bezanson, which occurred July 8, 1905, after an operation and a few days' illness.

Miss Bezanson graduated from the Training-School in the Class of 1904, and had been nursing in Philadelphia since her graduation.

Resolved, That we as an association have lost a sincere friend, and a loyal member.

Resolved, That we sympathize with her family in their bereavement.

Resolved, That a copy of these resolutions be sent to the family and the AMERICAN JOURNAL OF NURSING.

HELEN REID MORROW,
OLIVE E. MACUMBER,
Committee.

At the meeting of the Alumnae Association of St. Luke's Hospital Training-School for Nurses held on September 19, 1905, the following resolutions were adopted:

WHEREAS, Since our last meeting, it has pleased God in His All-Wise Providence to remove one of our members, Mrs. Marion Copeman; therefore

Resolved, That we tender to her mother and daughters the expression of our association's deepest sympathy with them in their bereavement and that we all very sincerely feel the loss.

Resolved, That a copy of these resolutions be sent to her family and to the AMERICAN JOURNAL OF NURSING; also that a record of the same be entered on the minutes of the society's meeting.

CLARA L. SPALDING,

Recording Secretary.

ESTHER L. NORTON,

Corresponding Secretary.

THE Alumnae Association of the University of Pennsylvania Hospital desires to place on record its sense of deep sorrow and personal loss in the death of our beloved associate, Miss Carolyn T. Dunn, Class of 1900, who died at Wilmington, Del., October 5, 1905, of typhoid fever.

Her classmates can recall that she displayed, throughout her course, the industry, conscientious spirit and entire devotion to the work in hand, which later characterized her years of work as a nurse and made her services so signally efficient.

From her patients have come continuous affectionate recognitions of her skill and sympathy and grateful appreciation of her ministration, for their relief and recovery.

All who knew her realized that her successful work was due not only to her personal attractiveness and thorough preparation, but as well to her high personal character of earnest Christian purpose and loving zeal in all good works.

To us, her Alumnae associates, her loss is felt with special keenness. Her energy and her high conception of our work as nurses was a constant inspiration.

We offer her family our heartfelt sympathy with them in their sad bereavement, and assure them that we shall always cherish their daughter and sister in affectionate remembrance; and

"In His gracious keeping,

Leave we now His servant sleeping."

Resolved, That a copy be sent to the family, and to the AMERICAN JOURNAL OF NURSING for publication.

MARY E. STOCKDALE,

LYDIA A. GIBSON,

ESTHER C. HOOVER,

Committee.

AFTER a painful and lingering illness, the death of Mrs. Gilligan (née Miss Jessie McNeill), wife of Dr. Alex. Gilligan, of 952 Bedford Avenue, Brooklyn, has caused deep regret and widespread sympathy among the associates of the Nurses' Alumnae of the Brooklyn Hospital Training School for Nurses.

At the regular meeting of the Alumnae, held at the Training School, November 7, the following resolutions were passed:

"That we, as an association, have lost a beloved member and an ardent well wisher.

"That her husband, parents and friends have our most heartfelt sympathy in this, their great loss.

"That copies of these resolutions be sent to her husband and to her family.

"That a copy be recorded in the minutes of this association."

WE the members of the Graduate Nurses' Association of the State of Pennsylvania, bowing in humble submission to the will of Him, who doeth all things well and acknowledging His wisdom and all merciful power in removing from our midst Mrs. Kathrine Bennett, Miss Carolyn Dunn and Miss Mary Jacoby, therefore be it

Resolved, that the place made vacant by the death of these members reminds us of the uncertainty of life, and the certainty of death.

Resolved, that although the loss sustained by our Association is great, yet we would in humility remember that "Our loss is their gain."

Resolved, that the sympathy of this Association, together with a copy of these resolutions be sent to the bereaved families and friends.

Resolved, that a copy of these resolutions be placed upon the minutes of this meeting and a copy sent to the American Journal of Nursing.

IDA F. GILES, Chairman,
HELEN F. GREANEY,
MOLLIE MAILLOY.

NEWCASTLE, October 19, 1905.

MISS DAISY ABRAMS, one of our most esteemed and useful members, has been removed from us by death. She was ever willing to help with the work of the association, therefore, her loss will be deeply felt by its members. Therefore, be it

Resolved, That the members of the Alumnae Association of the New York City Training School for Nurses tender to the parents and family of our deceased member, their heartfelt sympathy. Be it further

Resolved, That a copy of these resolutions be sent to the AMERICAN JOURNAL OF NURSING.

MAGDALENE FISHER,
TERESA HINDS MASON,
I. GRACE KLINE,
Committee.

IT is with deep sorrow that the death of Miss Martha J. Meredith, graduate of the Mt. Sinai Training School for Nurses, Class of '97, is announced; therefore, be it

Resolved, That the Mt. Sinai Alumnae Association expresses its appreciation of her faithful and earnest work in her profession, and extends its sympathy to her bereaved family and friends.

J. GREENTHAL,
E. B. CHADWICK,
K. J. FELDMAN.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

SOME WAYS IN WHICH HOSPITALS ARE BEING AIDED

THE Jewish Hospital of Cincinnati, Ohio, has just dedicated a new Nurses' Hall, the gift of the late Joseph Joseph of that city.

MRS. MARY L. BAER of Lancaster, Pa., has sent a check for \$10,000 to endow a bed in the General Hospital in memory of her husband, Reuben L. Baer.

By the will of Mrs. Emma K. Shipman of New York, St. Luke's Hospital, St. Paul, Minn., receives \$5,000 to endow a bed in the charity ward.

THE Trustees of the City Hospital, Quincy, Mass., have received a check for \$5,000 for the endowment fund from Arthur B. Emmons and Robert W. Emmons to establish a memorial bed to their father, Nathaniel H. Emmons.

By the will of the late James C. Hart of Rochester, N. Y., the City Hospital received a bequest of \$15,000 towards the maintenance of the Isabella Graham Hart Memorial Home for Nurses, a beautiful building, which Mr. Hart erected and equipped as a memorial to his wife some six years ago. Mr. Hart's daughters, Mrs. Robert Bartlett and Mrs. Bombright, are now to give to the hospital a companion building as a memorial to their father. This building will stand on the opposite side of the lawn, the same Colonial line of architecture will be followed, and the building will be for the use of patients. During his lifetime Mr. Hart was a constant but very quiet contributor to the hospital. The nurses' building is one of the most beautiful of the kind in the country, and the new building will be made very complete for the purpose for which it is to be used.

TRAINING-SCHOOL NOTES

THE Sheppard and Pratt Insane Hospital, Baltimore, Md., has opened a Nurses' Training-School of its own, Miss Parsons, a Philadelphia graduate, being its superintendent.

THE Bellevue Hospital Training-School is to be enlarged, and another house has been secured, which will be occupied by probationers to be admitted in classes of twenty. A short preliminary course will be adopted along such lines as will be most practical for a great hospital of this kind.

THE graduating class of the Toronto General Hospital on October 20 was composed of the following young ladies: Winnifred Brereton, Bethany, Ont.; Josephine Y. Hopkins, Peterborough, Ont.; Annie Maude Stirling, Millarton, Ont.; Ida Helen Murray, Peterborough, Ont.; Priscilla Janet Smith, Aberfoyle, Ont.; Edith Macpherson Dickson, Toronto, Ont.; Elizabeth Davidson, St. Thomas, Ont.;

Elizabeth Mary Lindsay, Blyth, Ont.; Ethel Maud Levy, Brownstown, Jamaica, B. W. I.; Jessie Mulholland Robson, Vernonville, Ont.; Christella Gertrude Sutherland, Bradford, Ont.; Elizabeth Merle Laidlaw, Durham, Ont.; Isabel Hurlburt, Mitchell, Ont.; Elizabeth Helen Purdy, Kincardine, Ont.; Isabel Mary Browne, Keyser, Ont.

THE graduating exercises of the New York City Training-School on Blackwells Island were held on November 4, when the following ladies received diplomas: Ella F. Smart, Martha Bell, Margaret O. Treharne, Katherine Auchmoody, Lydia L. Cook, Rebecca H. McNeill, Elizabeth A. Hayden, Evangeline McLouth, Ella J. Campbell, Katherine E. Younge, R. Frances Dolan, Julia P. Shearer, Annie Harriet Appel, Agnes Ely Cooke, Lucy B. Ryder, Evelyn G. Whyte, Frances E. Wolf, Mary A. Williams, Frances M. Ebur, Mary Isabel McCuaig, Anna L. MaeNeil, Annie M. Keaver, Elmira V. Hehl, Bessie E. Walker, Dorothy D. Davis, Mary A. Rolf, Ethel M. Henderson, Margaret C. McManus, Bertha J. Stevens, C. Louise Paris, Gertrude R. Smith, Elizabeth T. Hunter, Mary J. McBain, M. Ethel Maher, Kathryn Rowe, Ethel M. Russell, Jane L. McDermott, Anna Dando, Juanita Cortez, Elizabeth C. Kaplan, Ann Jeanette Highet.

THE Passavant Memorial Hospital held graduating exercises on November 16 when the following nurses received diplomas: Louisa Steurnagel, Cynthia Grace Duncan, Alfrida Elizabeth Swanson, Maggie Eliza Weaverling, Phebe Detweiler, Ellen Shoemaker, Mary Welty Christy, Lillian Eckert.

THE Philadelphia Hospital has inaugurated a special course in the Nursing of Tuberculosis. This course is intended to afford an opportunity for self support and a useful career to women who have had tuberculosis, and to any others to whom the work may appeal. The term is for two years, and a certificate will be granted to those who pass the required examinations.

THE Orange Training School has recently discontinued the payment of allowance to pupil nurses, but still furnishes text books and uniforms. It now offers eighteen loans of fifty dollars each to pupil nurses who shall be recommended by the Superintendent of the School. These Loans are payable as follows: Six to each class in sums of \$25.00 twice each year. These loans are to be repaid to the School within two years after graduation, a personal note is required, but no security or interest.

In addition to the Loan Fund a Scholarship Fund of \$600.00 has been given by a member of the Finance Committee which will be divided into prizes to be offered for merit.

PERSONAL

MISS LYDIA M. SCHMEISING was retained as surgical ward nurse at the University of Michigan Hospital, after her graduation in June '05.

MISS ELIZABETH CONDY, of Simmons' College, has begun her course in domestic science at the Visiting Nurses Settlement at Orange, N. J., to pupil nurses. This course proves of increasing value.

MISS ANNA F. McALPIN of Savannah, Ga., was graduated from St. Luke's Hospital Training School for Nurses on October 18th, 1905. After Nov. 1st, she will act as parish nurse in the Parish of the Nativity, South Bethlehem.

MISS ANITA CLAGETT has resigned her position of operating room nurse at the Touro Infirmary, New Orleans, and has been succeeded by Miss Agnes Daspit. Miss Brightie Waters has been appointed night supervisor of the same Infirmary.

MISS LOUISE GREENWOOD was delegate to the annual meeting of the New York Federation of Women's Club held at Binghamton the first of November; at this time Miss Sylveen V. Nye was elected one of the directors of the Federation.

DR. AND MRS. LEONARD FREEMAN returned from their trip abroad on October 14th and are residing at 801 Franklin St., Denver, Colorado. Mrs. Freeman before her marriage as Mrs. Jeane Wright was superintendent of nurses at St. Joseph's Hospital of Denver.

MISS H. GRACE FRANKLIN, R. N., has resigned her position as superintendent of the New York Medical College and Hospital for Women and also as superintendent of the Lozier Memorial Training School for Nurses to take effect December 15.

MISS MARY McKECHNIE has been appointed superintendent of the Orange Memorial Hospital, N. J., succeeding Mrs. Mary Chambers who has held the position many years. Mrs. McKechnie has held a number of important hospital positions and is well known to the profession.

MISS BERTHA GILBERT RUSSELL, graduate of the Bridgeport Hospital Training School, Class of 1901, has been obliged to resign her position as superintendent of Englewood Hospital, Englewood, N. J., on account of ill health. She will spend the winter at Saranac Lake, N. Y.

MISS LYDIA E. FLETCHER, Class of '99, of the Erie County Hospital, Buffalo, New York, who has for some time been assistant superintendent at the Soldiers' Home Hospital, Norfolk, Va., assumed the position of superintendent of the Newport News, Va., General Hospital, on Nov. 1st.

MISS LUCY A. SKINNER, graduate of the University of Michigan Training School, Class '05, has been appointed superintendent of the Nichols Memorial Hospital at Battle Creek, Mich. Miss Violet S. Wier, graduate of the same class, has accepted the position of assistant to Miss Skinner.

ON October 20th, Miss Hughanna MacKennan, a graduate of the Erie County Hospital, Class of '97 Training Class, Buffalo, assumed the superintendency of the City Hospital, Humboldt Parkway, Buffalo. By affiliation with several schools to secure experience in all branches, she will soon place the hospital on a footing for registration.

MISS LILLIAN L. WATERMAN of the class of 1894 of the Methodist Episcopal Hospital of Brooklyn N. Y., for the last four years night supervisor of that hospital, has resigned and will take up private nursing again. Her successor at the Hospital is Miss Margaret Culbert, Class of 1905 of the Methodist Episcopal Hospital, Brooklyn, N. Y.

NINE of the graduates of the New York Infirmary for Women and Children have leased a house at 63 West 91st St., which they hope to make the nucleus of a club house. As the number increases the quarters will be enlarged. The charter members of the club are, Misses Blaine, Elting, Harris, Anderson, Enersen, Cooper, Graham, Young, and Dixon.

MISS NELLIE GOODHUE, graduate of Royal Victoria Hospital, Montreal, resigned her position as supervisor of the Probationers at Lakeside Hospital, Cleveland, Ohio, to take a position at Roosevelt Hospital, New York.

Miss Lottie A. Darling, graduate of the Lakeside Hospital School for Nurses, Class of 1901, was appointed in her place.

MISS MARY H. PATTERSON, Rhode Island Hospital Training School for Nurses, 1898, succeeds Miss Pickett at the Newport Hospital, Newport, R. I., beginning her duties November first. Miss Patterson was superintendent of the Beverly Hospital, Beverly, Mass., for four years. She left there to take the Hospital Economics Course at Teachers' College, graduating in the Class of 1904. She has since been assistant superintendent of the Newton Hospital, Newton, Mass.

A RECEPTION was given by the Mt. Sinai Alumnae Association on the afternoon of October 27, to give the graduates an opportunity to meet Miss Van Kirk and Miss Anderson, who were recently appointed superintendent and assistant superintendent of the Mt. Sinai Training School. It was held in the parlor of the Training School, and was extremely well attended, every class graduated from the School being well represented. The occasion was made doubly pleasant to the older graduates by the presence of Miss Alston, formerly superintendent of the school. The spacious parlor was beautifully decorated with Autumn leaves and carnations; refreshments were served, several piano and violin selection were given, and a thoroughly agreeable afternoon was enjoyed.

DR. ELEANOR CHESTNUT, who was one of the victims of the horrible massacre of the missionaries which occurred at Lienchaw, China, early in the month, was a graduate of the Illinois Training School for Nurses before she studied medicine. She had been a missionary to China for twelve years and had made a magnificent record of service, last year's report of the Woman's Hospital showing that she treated nearly 5,500 patients. It seems to be the consensus of opinion that the massacre of these missionaries was not because of prejudice against Christians, but because they were Americans and was done in a spirit of retaliation towards the United States because of the laws which exclude the coolie class of Chinamen from free admission to this country. The great mass of coolie immigrants to the Pacific coast come from Lienchaw and the immediate vicinity and the atrocities were perpetrated by that class of Chinamen.

Upon the resignation of Dr. D. A. White as superintendent of the Hospital of the Good Shepherd, Syracuse, Miss Lina Lightbourne was appointed trustee-in-charge. The Executive Committee will appoint a suitable man for financial and purchasing agent, to whom the business of the institution will be intrusted, all to be under the direction of Miss Lightbourne, who was formerly the superintendent of the hospital but who was obliged to resign some years since because of ill health.

MISS CAROLINE HILL continues as superintendent of nurses with Miss Irene Johnson as her assistant, Miss Tibbitt as night superintendent and Miss Mary E. Reed, housekeeper.

During the time that Miss Lightbourne was away from the Hospital she has held the position of secretary to the Board of Trustees and has been in close touch with the work of the institution.

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EDITORIAL COMMENT



THE FUTURE OF OUR ASSOCIATIONS

IN continuing the subject of local organizations it must be unquestioningly admitted that if they are dull or stagnant it is not because there is not enough for them to do. On the contrary, there is, in every State of our union, so large and ever increasing an array of special lines of work waiting to be done by somebody, that the real question ought to be how to distribute it so as to get it all under way and moving. We ask our readers to consider thoughtfully the different branches of activity which have so far been taken up or which are pressing to be taken up in our local groups.

First, there is the mutual duty of assistance to members. Under this head come sick benefit funds and their distribution; plans and provision for old age; extra help for emergencies; visiting and friendly aid of members who are sick or in trouble; the provision of hospital beds or wards for sick nurses; the establishment of club houses or coöperative apartments, and the assistance of new members with advice and information on all practical points of living and securing work.

Next, there are what one might call the simple or individual professional duties, those which affect directly the small local groups. Under this head may be classed all mutual efforts at self-improvement or culture, such as post-graduate lecture courses, study courses, organized post-graduate work in hospital or sanitarium, work on reports or

bulletins or journals published by the local association. Under this head, too, comes the duty of keeping the membership untainted; of knowing the character and standing of every member and of expelling any dishonorable individual without fear or favor: of setting a standard of ethical and professional conduct and seeing that it is lived up to as nearly as possible. To this division belongs also the duty of conducting ethical and professional directories or central offices where the members of the nursing profession who stand on an honorable plane may get calls for cases and for hospital positions. Finally, under this head comes a duty which has so far been little exercised by nurses, although it is well known to graduates of colleges and universities, namely, the duty of graduates to take continuous active interest in the status and policy and progress of the training school in which they were taught. It will be a new thought to many nurses that they could or should ever have anything to say as to the conduct and policy of their training school, yet to do so is not only simple but it is often urgently needed; and it has, moreover, been done with excellent results, so that the example is not wanting. It can be done in a dignified and fitting way by *organized* bodies of graduates. Probably few nurses are in a position to bring much individual influence to bear on training school matters, but an organized body can bring its views and suggestions before hospital directors and training school managers by resolution or petition in a way that is certain to receive attention and which may often be effective. As an illustration, we may mention the well-known action of the Orange Alumnae in petitioning the managers to lengthen the course of training to the highest standard with complete success. We also remember an instance where the Alumnae interfered successfully when a certain board of managers was considering a proposal made to it by a medical society to take over the nurses' directory.

We believe it is not only possible but essential for the organized graduates of schools to make themselves heard on important questions affecting their schools. Such action, of course, must never descend to petty interference, but must be limited to matters of principle. If, for instance, a base political element threatens the good name of a school (and our daily press has lately published such an instance), we hold that the alumnae should publicly and emphatically protest. We also are of the opinion that the Alumnae Association should ask for representation on the Board of Managers.

A third branch of work comprises all that may be called general social interests, such as sharing in the work of philanthropic or charitable or civic or reforming bodies of people. Under this we include such move-

ments as the war against tuberculosis; the various lines of activity taken up by women's clubs; great questions of public health and humane and decent conditions for working people, such as the work of the Consumers' League, the Woman's Trades-Union League, the warfare against Child Labor, the Pure Food agitation and the patent medicine crusade, as well as the various smaller questions of good, clean, decent house-keeping and home-making in cities in which women are now properly interesting themselves, such as public school hygiene, improved housing for wage-earners, small parks and playgrounds, and so on *ad infinitum*. In all such lines of work nurses are being more and more called on to take a part, and to know something about them, and to take an intelligent interest in them.

Fourth and last, we have the line of activity, which we may call the broad and specific professional work, which calls us to consider our educational conditions in nursing and brings us into relation with our State and national obligation. Such is the work of State legislation on which we have entered and which we dare never relinquish, but which will claim closer attention and more unremitting devotion as time goes on; for, like all educational work, it will never be finished, never be perfect, and can never be neglected without falling back into a degraded state.

We believe that nurses who have realized the magnitude and importance of these many lines of work pressing upon us, will generally agree that to deal with them justly requires new and specialized forms of organization. Not too few, but too many, interests have besieged the members of our Alumnæ Associations and City Clubs, and in trying to respond to all they are often like the man who tries to be in three places at once. We believe that the solution lies in developing a general system of county societies, on strictly geographical lines, which shall include every county and State in our union, to specialize on the one sole branch of State legislation work. This will relieve our Alumnæ and General Club members of a mass of detail which is growing larger every day and requires the individual attention of uniform groups formed to cope with State work and with nothing else; while the older organizations will be free to devote themselves to all those lines of work which they can do better than county societies.

It is evident that the first three divisions of work given can all be perfectly well done by the Alumnæ Association or the general Club or Society, either singly or in affiliation, and that certain things could never be so well done by any group formed on purely legal or geographical lines. In many kinds of close personal work the tie of

early association is strong and almost like the family tie. But a large public work, such as that of our State societies, which bring us into dealings with men and legislatures must be organized in a way which they recognize. The county is the legal unit of the State and every legislator knows just what a county society means. The county society should include *every registered nurse* in the county and *no others*. We think it is most fortunate that county societies have not been organized generally at the outset of our movement when there was no recognized standard of membership. Now, the sole requisite of membership should be the R. N. of the State. In a rational division of labor the county society should undertake solely such work and details of work as belong to State registration. Preëminently the duty of the county society should be to ferret out cases of infraction or non-observance of the law, to know whether any woman in the county fraudulently uses the R. N., whether anyone has obtained the degree by fraud, and to bring proof of the same. A county society which diligently does its duty in guarding the standards set by the State law will have no time for anything else; and, if such societies undertake any of the lines of work coming under our first three heads, it is our opinion that they will simply become generally ineffective.

In our next number we will consider the question of how to reach individuals and keep up a general interest in organization work.

DO PROPERLY TRAINED NURSES PRESCRIBE

A POINT of general importance to nurses was touched upon at the New York State meeting—that of the occasional disgraceful action of individual nurses in giving drugs without the physician's order.

Dr. Lytle spoke justly and candidly of this most reprehensible fault, and a nurse present mentioned a deplorable instance which had come under her knowledge. As nursing is rising into a profession the importance of strict ethical observance of this line of demarcation between the physician and the nurse cannot be too strongly emphasized.

If physicians have any just cause of complaint on this score, or if such instances as we heard at Niagara come to their knowledge, it will certainly greatly weaken the claim of nurses that physicians should be more "loyal" to them. In the case of New York State nurses, at any rate, some of them need perhaps to be reminded that a clause in the New York Act forbids the nurse to practice medicine. Perhaps the prosecution by the Medical Society of a nurse who had committed a breach of trust by recommending drugs might be a wholesome lesson.

We have always held that a *well-trained* nurse will never prescribe. This attitude has also been taken by those members of the medical profession whose loyalty to nurses is of a staunch and generous character. The physicians of England, whose testimony before the Select Committee was of such inestimable value to the cause of progress, all denied emphatically the suggestion that nurses, if highly trained, might err in this direction. It is only the partially trained or imperfectly educated women who will do this was their opinion. We believe this subject would bear examination in nursing centres, and that the bad taste of assuming a position which does not belong to one ought to be constantly reiterated.

The subject of Dr. Lytle's paper is one of great interest to all nurses but especially valuable to teachers of nurses. It should be studied carefully by all training school superintendents.

We shall give another paper bearing on the subject of the nurse's use of drugs in an early issue, written from the point of view and experience of a druggist.

PROPRIETARY DRUG LEGISLATION

SEVERAL American States are warring through their legislatures on patent or proprietary medicines, the enormous use of the which is fast becoming a serious menace to the public health and an alarming factor in intemperance, besides being one of the most colossal examples of that system of sham which is undermining the character of thousands of thoughtless or simple people.

It is not well known that most patent medicines contain large amounts of alcohol, with which often drugs of a dangerous character are combined, such as should only be given upon the prescription of a physician. Pennsylvania is asking that the dealers in such drugs shall pay the State license tax for the sale of alcohol; while other States are demanding the publication of the contents of every proprietary medicine on every package. It has been stated that Peruna, for instance, which sells at a dollar a bottle, can be made at home for eight cents, being practically nothing but alcohol and water with a little flavoring.

While the different States are taking action Congress will also be asked to pass a bill to be introduced by Senator Heyburn, of Idaho, which will deal with the whole subject of adulteration of foods, drugs, and liquors. Nurses, who have so much opportunity to advise and teach, should regard it as a public duty to warn patients and friends of the dangers of patent medicines and of adulterated articles. We are led to remember that one of the Superintendents' Society, Miss Ban-

field, of Philadelphia, has contributed to this reform wave by her article on proprietary drugs some few years ago in a popular journal,—one of the few which accepts no advertisements of such compounds.

THE RED CROSS

WE shall have an exceedingly interesting report of the Red Cross work for February.

JUVENILE COURTS AND PROBATION WORK

WE give in this number an account of the work of the Matron of a juvenile court which we are glad to present to our readers, not only because this is a new opening for nurses, but because the extension of the Probation System and Juvenile Courts for youthful offenders is one of the encouraging features of modern society which nurses ought to be informed about as intelligent members of society.

It is depressing to think that modern civilization does not keep children out of courts. But no one can for a moment dispute that, if the children must get into the courts, it is the imperative duty of motherly and large hearted women to follow them there. Such is the woman who sends us this contribution, and we think that, when the love of humanity is present, the nurse's training will equip one with distinctive capacity for this work. The number of States passing juvenile court legislation is constantly increasing and we shall give some more details of the spread of this legislation and its effects when the new report dealing with the whole subject appears.

TUBERCULOSIS EXHIBIT IN NEW YORK

THE Tuberculosis Exposition just held in New York has been largely attended and has aroused widespread interest. Over 10,000 persons went to see it in the first week. The evening lectures brought together representatives from special bodies, such as the American Federation of Labor, the public school teachers, the physicians, etc. The plan is now to send the exhibit to Boston, Philadelphia and other large cities. We shall have a description of the exhibits from Miss La Motte.

DO DISTRICT NURSES DO NURSING

AN article entitled *The Visiting Nurse and the Nurses' Settlement*, by Mary Buell Sayles, in *The Outlook* for October 21, raises a question of great importance in visiting nursing which we do not doubt—and especially since we have an organ of the district nursing

interests in the field—will receive full attention. It is, in brief, the point how much actual nursing work is done in visiting or district nursing, and how much is the work of practical nursing subordinated to the necessity of making a great number of visits? We are inclined to think that Miss Sayles, in her sympathy with the Settlement work and through possible uninformedness as to visiting work in general, has not done justice to the many organizations whose basic principle of work is careful nursing. On the other hand her remark that “workers along this line in other cities will do well to shape their endeavors” on the principles observed at the Settlement may only mean her recommendation for future work, and not necessarily that she infers that no other workers are now following lines of good nursing and intelligent interest in the family. Such an inference would, of course, be most inaccurate, and it is not likely she would wish this inference to be taken. It is true, however, that New York City shows examples among her many and varied forms of visiting nursing of both systems; and we fear that in the system of many calls and little nursing there is much of danger to the sound nursing standards of the nurse, and much that is unsatisfactory to the patient. A luminous truth is, that wherever we find visiting nursing work carried on under the management of nurses, good nursing work and humane care of the family, as a whole, are the rule; and where the visiting nurse is directly under medical control, as in dispensaries, this part of her work is as a rule subordinated to the actual carrying out of orders, application of treatment, etc., the patient not being regarded from the motherly standpoint but only as a case. We believe there is much need of exchange of views on this subject.

EXTRACTS FROM MISS SAYLES' ARTICLE

While to “visit the sick” has always been an enjoined part of the religious man's duty, and has been practiced by bodies of men and by individuals for many centuries, it is only within the last half-century, since the profession of nursing has become an essential part of our civilization, that the visiting nurse as we know her has come into being. Even to-day the ideals toward which she strives in her work are by no means always the same. Broadly speaking, there are two leading conceptions of her function which underlie what we may call the two schools of visiting nursing.

The first and older of these two conceptions is that of the nurse as the doctor's assistant, who may or may not accompany him on his rounds, but whose sole function is to carry out in each case his specific directions. The second conception makes the nurse responsible, not only for following the physician's orders, but for giving to each patient care closely approaching what he would receive in a first-class hospital.

Thus,—to illustrate by an example typical of many known to have occurred,—suppose the case of a patient suffering from rheumatism. A public dispensary physician is called in, prescribes, and sends the dispensary nurse to give certain specified local treatment. This she faithfully does; but suppose she finds that the patient has been confined for weeks to her bed, with no one to change or air the bedding, bathe her properly, or comb her hair. Still, acting as doctor's assistant the nurse cannot take time to minister to the patient's general needs, but, having carried out the physician's instructions, must hasten on to attend to other cases. When one learns that upwards of fifteen,—indeed in some cases, upwards of thirty,—visits constitute the ideal day's work for nurses of this school, it is at once apparent how brief a time must be spent upon each case.

What does the nurse of the second school do under the circumstances we have supposed? The physician's instructions are of course followed by her as carefully as by her sister nurse; but this is not all. She airs the room, makes up the bed with fresh sheets,—supplying these, if need be, from the store placed at her disposal by the organization which stands behind her; she gives the patient a complete bath, puts clean garments upon her, and gently combs out and arranges her matted hair. Day after day she continues this bathing and attention to the patient's general well-being, greatly alleviating her sufferings and furnishing by the way valuable and friendly neighbors. None of us who have watched the ministrations of a trained nurse in a well-to-do private family or a hospital ward will be surprised when, on inspecting the daily record of a visiting nurse of this type, we find that it shows but eight or ten visits, as over against the fifteen or twenty made by the nurse of the other school."

PROGRESS IN SETTLEMENT WORK

AN interesting development of the family life of the Nurses' Settlement in New York is that certain members are taking residence directly in the tenements as Miss Wald and Miss Brewster did years ago, choosing their homes in those districts where their work is. Miss Johnson and Miss Forbes have a charming little home of three rooms and a bath on the East Side among the Germans, and Miss Bezly and Miss Simmons have an equally pretty one on the West Side in an Italian quarter. Mrs. Rallyea lives on Henry street, in an old-fashioned tenement in an Irish row. They all do at least the greater part of their own housekeeping, and deck their rooms with simple but pretty things typical of their neighborhoods,—Russian and Italian brass, and earthenware pottery found on the push-carts. Thus each little center becomes in turn a fresh nucleus for neighborhood work and individual interests as well as nursing.

“CHARITIES” NURSING NUMBER

Charities and the Commons will issue a special number in February dealing with nursing work being done on special social lines, such as visiting nursing, public school nursing, tuberculosis work in connection with Boards of Health and special dispensaries, Nurses' Settlements, etc. Some of our best known and most capable women have promised to contribute to this issue, as it will bring the work in which they are interested prominently before an intelligent and sympathetic lay public. Miss L. L. Dock has become one of the collaborators of *Charities and the Commons* under the recent reorganization.

A NEW BOOK ON VISITING NURSING

MISS YSABELLA G. WATERS, of the Nurses' Settlement in New York, who has made an exhaustive investigation into district or visiting nursing in the United States, is preparing a book dealing with this branch of work which will include a complete bibliography of district nursing associations.

Miss Waters' investigation began with sending out one hundred letters of inquiry for a paper to be given at Portland. This was just enough to open the way and she has since then written several thousand letters, sending them to postmasters and other public persons in all parts of the country. As soon as her investigations are completed we will give some figures that will be of great interest, showing the rapid development of visiting nursing associations.

Miss Waters' book will be a most valuable addition to nursing literature.

PROGRESS OF STATE REGISTRATION

THE reports from Indiana are most satisfactory and encouraging. At the end of November certificates of registration had been granted to 275 nurses and applications were being received for many more. The leaders in this movement already begin to see great benefits in the raising of standards of education and in the growing recognition of professional status. As the Indiana bill went into effect only last Winter and the pioneer period was hardly yet passed, the reports are very satisfactory. The number of nurses to be registered is not as great in Indiana as in some of the other States.

CALIFORNIA

There has been much difficulty in California in getting the registration law into operation because of the seeming unwillingness of the

Regents of the University of California to assume the responsibilities placed upon them by the legislature but there has been a conference between a committee of nurses, members of the medical profession and the Regents, and the outlook begins to be more encouraging.

MASSACHUSETTS

The meeting of the Massachusetts State Nurses' Association held in Worcester on November 16th was very largely attended and proved to be a most interesting occasion. The secretary's report, shown on another page, gives a comprehensive idea of the support which this association is receiving from prominent citizens throughout the State. The Massachusetts attitude towards State registration is most conservative, but eventually the nurses will carry the day. There is no State in the Union which needs registration more than Massachusetts. Both medical quackery and nursing quackery seem to be entirely unrestrained. It is interesting to know that "the nurse" who has figured so prominently in the recent dress-suit murder case served only a few months in one of the large hospitals of Boston, and in the newspaper notoriety has not been distinguished from the great body of reputable and skilful women which makes up the nursing profession of the State.

CONNECTICUT

The report of the Connecticut State meeting should have appeared last month, but was not sent us by the secretary until just as this issue is going to press.

WASHINGTON

The report is also found in the official department of the completion of the organization of the State Association of Washington. The distances in this State between the nursing centers are very great and organization will necessarily be slow. At the two great centers, Seattle and Spokane, are groups of intelligent enthusiastic women who will in time bring about the passage of a bill which will give proper protection to the public and to the nurses.

DISTRICT OF COLUMBIA

Once more the Nurses' Association of the District of Columbia is preparing a bill to present to the legislature and the members seem to be not in the least discouraged by the previous failures. We wish them success and advise holding to high standards even if failure results. Better no bill than one of half way measures.

ILLINOIS

Illinois is again to the front. In unity is strength.

NEW YORK

Again we remind the nurses of New York State that the last of the practical examinations and the first of the full examinations are to be held at the end of January and that applications for either one should be made at once to the Educational Department, Albany, N. Y. The terms of the waiver expire in April, 1906, after which time none will be granted the R. N. without taking a full examination, and only those graduates whose schools are registered will be eligible for the full examination.

Some of the New York Alumnae Societies are sending return postals to all graduates of the schools, irrespective of whether they are registered or not, reminding them of the date of the expiration of the waiver and this should be done by every organization in the State.

The Education Department at Albany has not thought it wise to grant the request of the Board of Nurse Examiners for the appointment of a nurse inspector of training schools, but has requested the members of the board to act as special inspectors in close cases. Miss Damer, Miss Hitchcock and Miss Palmer have already been called upon to make such inspections when the standard of work and teaching were difficult to determine.

THE YEAR 1906

WITH the coming of the New Year the nurses of all countries may look forward with hope and satisfaction to the future; for at no time in the history of the world have so many varied opportunities for usefulness been open to them as to-day; nor are these opportunities likely to diminish but rather to increase. In all countries the prospects for advancing the status of nurses through better and broader education are bright, and in our own especially so.

The professional journals of the nursing profession have helped to bring about improvements and advances in a way that few realize except those who are directly observing public currents of thought. In the United States it is hardly possible to estimate the importance of our advantage in having the JOURNAL as an engine and organ of progress in the work of defining and building up standards. What it is to us we can realize perhaps by imagining ourselves in Russia, where men and women are willing to die to secure the freedom of the press.

We warmly thank our subscribers for their past support and are confident that we may continue to expect it. We want also to remind the great mass of nurses who are cut off from the work of leadership and who are unable to take a share in the responsibilities and anxieties of public work for the profession, that to subscribe to the JOURNAL is one practical and definite way in which they can do their share in helping on the larger work. No matter how secluded or absorbed, every one who feels a duty to the great general movement of progress can help in this way. To those who remain indifferent we would say: "Wake up! Look about you, and see the efforts being made on every side by small groups of people who think of the future and wish it to be better. Dare any of us enjoy the paths made easy by others' toil, and not do something ourselves to make things better for those who come after? 'Lend a Hand.'"

To old friends and new "A Happy New Year."

Charities and the Commons in announcing its new publication committee and proposed enlargement of work says, under the heading "Facts Which the Public Should Know:"

"When at the beginning of the twentieth century a Missouri professor finds a lunatic chained to a log; when a legislative committee finds insane patients brutally whipped in Florida; when a Maryland Commission finds a naked maniac caged by county officials in a shed; when children and idiots are still housed together in almshouses of Vermont; when within a stone's throw of the White House and the Capitol housing conditions exist in the blind alleys of Washington which are a blot and a menace; when New Orleans is scourged by a fever bred in her neglected rookeries; when five boys grow up unlettered in a basement bag-factory in New York; when Georgia legislators vote down child labor bills annually and leave the children of their State less protected than those of Russia, or of the England of 1802;—there is compelling need for spokesmen who will challenge methods and theories with accumulated facts, who will resolutely work back from needs to causes, and who will stand out sturdily, as *Charities* has stood out, for new opportunities for the wage-earner, for new struggles against new forms of ignorance and selfishness, for new plans for lightening the burden of poverty, for new possibilities for the rescue of those who are drawn down by their unfavorable environment and the evil legacies of heredity, for new enthusiasms for American democracy."

MATERIA MEDICA, PHARMACY, THERAPEUTICS *

BY ALBERT T. LYTLE, M. D.

Buffalo, N. Y.

I THANK you for the distinguished honor which your Committee of Arrangements has conferred by asking me to present to you my opinion in regard to the advisability of teaching materia medica, therapeutics and pharmacy to nurses.

It is indeed a pleasure to see so many earnest faces assembled here to-day from various parts of our great State and it surely permits an optimistic prophecy for the future advancement of the nursing profession, for increased benefits for the sick as well as, may I hope, for greater assistance to the healing art.

The proper consideration of the topic assigned to me depends somewhat upon the point of view taken in regard to the relation of the nurse's calling to that of the physician and to that of the pharmacist. I believe that there are two standpoints from which physicians view the professional relations of the nurse and the doctor—one is, that the nurse is simply a sort of well-trained servant whose only duty is to carry out the instructions given by the physician with the faithfulness and obedience of a well-drilled animal but whose other faculties shall not be called into requisition at all. The other is, that a trained nurse is in reality a skilled assistant left in charge of the patient while the master mind is absent, one who not only implicitly follows instructions but who also is expected to use all the senses in the observation of the various changes that take place, to note the many things which in the hurry of a professional visit may escape the attention of the most careful physician, and to keep the medical attendant properly informed concerning such observations that he may be aided in his contest with disease processes.

The dictionary describes a nurse as a caretaker of an infant, a person caring for the sick. This definition is very broad and is not the one that should be applied to the registered nurse. In the proposition to be considered to-day, the term nurse implies one whose life calling is the care of the sick, one who has brought to such duty an education and training commensurate with that which every member of any of the other professions is required to possess before such an one may

* Delivered at the Semi-annual Meeting, New York State Nurses' Association, Niagara Falls, October 17th, 1905.

practice the same. At present the State is trying to determine by strict investigation and careful examination who shall be included in the class of professional nurses and to designate such by the term "registered nurse"; while the sovereign people are ready to protect the holder of this honorable distinction with the powerful arm of the law. The title registered nurse implies the possession of a preliminary education of a certain minimum value which warrants that the individual is gifted with mental capacity of sufficient scope and power to properly understand the problems which are to be met in training for the profession; is in possession of a training in both the theoretical and the practical sides of the profession so that she shall have a comprehensive knowledge of methods for the solution of such problems as are daily presented by the duties of the calling, and is in possession of a certificate from the commonwealth granted after trial by a jury of peers, declaring that the holder has the knowledge requisite to properly practice the profession.

Considering my subject from the first standpoint; that is, in reference to those nurses who are expected to be simply automatons, it would be unwise, foolish, nay, dangerous to the public welfare to permit such individuals to possess any knowledge of drugs, of their compounding or of their action. Indeed from the mental powers necessarily required of such nurses one can hardly conceive their comprehending the elements of such vitally important subjects pertaining to the welfare of the patient.

There is no doubt that this point of view is fast becoming antiquated and but the argument of those indifferent alike to the best interests of the medical profession and the highest welfare of the helpless patient. On the other hand it must be conceded that so long as nine-tenths of the trained nurses remain unregistered and, in consequence of such almost criminal negligence, declare their desire to be classed as ignorant and incompetent, physicians and patients alike are fully justified in valuing the nursing profession at the standard set by the most ignorant and incompetent,—“A chain is no stronger than the weakest link.” Therefore all eligible nurses should quickly line up as registered nurses and obtain by concerted and unanimous effort competent legislation whereby injustice shall be corrected, wherewith the ranks of the profession shall be purged of empirics and pretenders, and so secure and maintain a high opinion from those who must act as leaders in the never-ending battle against the forces of the grim destroyer.

Considering my subject from the second standpoint, that is in reference to those nurses who are expected to be medical assistants and to handle, to administer and to note the effects of remedial agents, at

least some knowledge of the materials that enter into the formation of medicines, how such remedies are combined and what some of the effects of their administration may be, is an absolute necessity if the nurse is to be of the greatest possible aid to the physician in their common cause,—the care of the sick. I believe that no one will gainsay my attitude in this matter, any difference of opinion coming rather on the question of the quantity and quality of the education which should be required of the nurse in these important and essential topics. Assuming my position in this matter to be partially correct, how much of the voluminous *materia medica* should be taught to the nurse in training, how well should she be schooled in the technique of compounding remedies for use by the sick and to what extent should she be educated in the effect of remedies upon the organism and in the indications for their administration?

“A little learning is a dangerous thing;

Drink deep, or taste not the Pierian spring.”

is a saying of Pope, frequently quoted as emphasizing the folly of demanding a smattering knowledge of any subject; like all such aphorisms it is capable of being interpreted to meet the demands of the occasion. In professional minds this word “learning” means special knowledge or skill; that is, to be deeply versed in the learning of a profession. The knowledges that go to make up the learning of any one profession are hopelessly interwoven with those of many others, so that to be learned in any one profession of necessity implies an acquaintance with the empiric or the scientific knowledge, or both, of many others. The sum of human knowledge relating to the one profession of medicine is to-day so vast that to be learned therein would require the life span of many men to be compressed into a decade of the life of one man. To be a savant in either Anatomy, Physiology, Physics, Chemistry, Botany, Zoölogy, Mineralogy, Pharmacology, Geography, Bacteriology, Climatology, Histology, Microscopy, Pathology, Surgery, Internal Medicine, or Therapeutics requires years for the acquisition of the necessary special knowledge and yet a knowledge of these and many other professions is deemed essential for the aspirant for the degree of “Doctor of Medicine.” If this is true, why not then a fair acquaintance with *materia medica* and pharmacy on the part of the nurse who is to handle and administer, even if under orders, these weapons of offense and defense in the struggle with disease. “Knowledge is power,” but not that knowledge which is only empiric but rather that knowledge which is philosophic; the mere knowing of a fact is only partial learning but the learning that permits one to make use of that known fact is

indeed complete. In the professions of medicine and of nursing it is not the knowing of a string of fact-beads but the knowing how to use such a string of beads for the betterment of mankind that is the fruition of learning, the result of drinking deeply from the Pierian spring.

Not so many years ago the medical man went out into the fields, the forests, into the highways and the byways to gather at the proper time, materials which subsequently became his drugs; he was thus compelled from sheer necessity to know pharmaceutic botany, mineralogy, and zoölogy; many of these gathered substances demanded peculiar treatment before their essences or essential drugs were ready for extraction; these substances then went through certain processes for the extraction of the essential principles; next came their compounding or mixing for use as medicines and so the doctor was also deeply versed in pharmacy. To-day the physician knows hardly anything of these various substances except their names and pharmacodynamics, for the reason that since about 400 A. D., certain men have devoted their entire time, talent and money to pharmacology and to pharmacochymia until remedies simple and compound have been placed at the disposal of the doctor, which compared to those of the past are as fine gold to base dross; even the preparation or mixing of drugs for the use of the individual case, has largely passed from the hands of the doctor into those of the pharmacist so that to-day the physician has little or no need to be familiar with the actual crude drugs whose principles he prescribes but does not dispense.

The nurse for the reason that she only administers and neither prescribes nor dispenses requires but little knowledge of the *materia medica*, of their recognition, of their preparation, or of their compounding. Yet as the exigencies of her duties, depending upon the particular fields in which she labors, will often require their differentiation, it is all essential that she should have had drill in the simple recognition of many drugs. If she is managing the pharmacy of a small hospital or sanitarium, too feeble to employ a pharmacist, she must be able to determine the purity and identity of many simple remedies as, for example, ethyl or grain alcohol, methyl or wood alcohol, spirits of wine, proof spirits, stronger alcohol, pure glycerine from glucose, milk sugar, pure camphor, pure mustard and other spices, the various animal, vegetable and mineral oils and fats, calomel from corrosive sublimate, coal tar products from the bitter salts, the various inorganic and organic, solid and fluid acids with many of their more important salts; if in general nursing, she should be able to sift out the good from the bad, the safe, from the unsafe in the family pharmacotheca.

The making by a nurse of a bread and milk poultice or of a mustard paste or the dissolving of boracic acid in water, if such are to be used as remedial agents, is a pharmaceutic process and the nurse is practicing pharmacy; thence it is but a short step to the compounding of more active drugs for use by the patient. The amount of compounding to be done by the nurse depends upon the location and the kind of practice followed; in the city with a drug-store on each corner, with every facility for accurate and elegant compounding, it would be foolish for a nurse or a doctor to try to combine drugs; but away back in the country, in the little mining town, in the small sanitarium, it might often be vitally necessary for a nurse to know how to mix the drugs at hand so that good and not harm might come. Again, a knowledge of how combinations should look, taste or smell would frequently prevent the administration of the wrong medicine, or possibly aid in determining the cause of effects that had been perplexing upon the giving of a certain remedy.

In a paper of this length it is manifestly impossible to outline a textbook on *materia medica* and pharmacy for nurses, or even to mention seriatim the drugs and their combinations with which the nurse should be familiar. The number and kind of remedies and their compounding that should be taught in the training schools should be just enough of fact with the how and the why to permit a conscientious student to continue the study if the conditions under which one worked after graduation demanded it—it is not necessary to know all the words and their meanings to be found in Webster's unabridged dictionary in order to write excellent English, but a knowledge of how to use the dictionary gives greater possibilities with less labor.

Up to the present the management of small hospitals is under the control of trained nurses from the graduate ranks, who have, to a greater or less degree, demonstrated executive and administrative ability; with the establishment of courses of study especially directed to hospital management and nursing pedagogics, a greater range of study will be required and more advanced skill will be demanded, in *materia medica* and pharmacy, of aspirants for such positions, than could be thought of for the average graduate; and the advanced school will supply the deficiency on demand.

In my opinion the training in *materia medica* and pharmacy should be wholly practical and confined to work in the laboratory and pharmacy; the ideal textbook on these subjects for nurses has yet to be compiled; it should be in the form of a tabular view of the ground covered in the laboratory and be simply a guide and a reminder, as

no descriptions or cuts can ever in any way take the place of the mental pictures made by the combined action of the senses,—feeling, seeing and tasting of the actual things themselves; while the mere doing of one combination is worth the memorizing of how to do a hundred others; the mental processes involved in compounding one remedy make one capable of appreciating how to do others from the descriptions in the text books. The greater number of the senses called into requisition in acquiring knowledge the deeper is the learning obtained.

So far the discussion has been confined to a consideration of the materials of medicine, their recognition as such and their mere preparation for administration and their combination into compounds for remedial purposes; in other words, what should be strictly considered the calling of the pharmacist. Hopelessly entangled therewith are the questions strictly belonging to the field of the physician's labors, which are, the physiological action of drugs on the human and other animals, and the indications for their administration and the effects of their use in diseased states.

All mankind considers himself perfectly competent to diagnose and to prescribe for the ailments of his fellow man. If for no other reason, it seems to me it would be wisdom to teach nurses therapeutics, that having knowledge they might act as missionaries to cry out against this pernicious and dangerous habit of the public. Yet in the possession and right to use that knowledge, necessarily empiric or historical only, is concealed a vicious possibility to which the very elect might succumb. Theoretically, no one, not trained in the cognate subjects of pathology, symptomatology, diagnosis, etc., should assume the responsibility of prescribing for diseased conditions, yet the pharmacist who has had no training whatever in the study of disease or in the observation of the sick, is daily violating this unwritten law; while the trained nurse frequently advises treatment, for what she fancifully calls her patient, aping in an unreasoning way, the method, not of her teachers, but of her master; fortunately for the nurse, the patient, and the doctor the elevation of the standard of the nurse's education is surely eliminating this foolish procedure, which is bound to discredit the intelligence and to injure the skill of the nursing profession.

Many of the most effective drugs in use as remedies exert powerfully poisonous effects upon the animal organism even when taken in small doses. Toward such remedies the patient often reacts in a peculiar way so that there is constant uncertainty about the result of their administration; this idiosyncrasy of mankind has invariably to be reckoned with in prescribing; it frequently so interferes with the administration

of the drug as to prevent obtaining the full therapeutic value of the remedy. Now how advantageous it would be to have in charge one conversant with these facts and ever on the alert to note the appearance of the first slight symptom of the toxic effects, so that the medical attendant could be immediately informed, the remedy stopped or a corrective given.

All drugs produce upon the organism in health and in disease certain constant effects peculiar to the drug which are called physiologic; when carried beyond a certain point these effects become pathologic or toxic. The borderland between the safe or physiologic effects and the unsafe or toxic effects is often extremely narrow and quickly passed; the toxic effects are at times extremely serious, even fatal, to life; to avoid such unpleasant possibilities the doctor often adds other drugs which prevent or neutralize such disastrous results, or he may keep the dosage well within the physiological or remedial limit and so lose the power which would come from carrying the administration almost to the production of toxic effects. How advantageous it would be to have in charge one drilled in the knowledge of the symptomatology of such toxic possibilities, to stop the drug at just the nice point between perfect safety and probable danger.

It is imperative that the registered nurse be thoroughly trained in the recognition of the physiological limits and toxic signs of all drugs, the administration of several succeeding doses of which, after the critical limit of tolerance has been reached, might poison the patient or else produce such deleterious effects as to interfere with the successful conduct of the case. For example, not only should the nurse be taught the toxicology of such poisons as the alkaloids, digitalis, morphia, strychnin, atropin, aconite, quinine and others but also of such apparently harmless drugs as the salicylic acid compounds, the coal tar products, like phenacetin, acetanilid, salol, the iodids, the bromids, the mineral poisons like mercury, copper, arsenic and others. This knowledge should be restricted to those drugs in most common use and should be acquired during training.

When it comes to a consideration of the advisability of teaching nurses the indications for the use of remedies, it is evidently absolutely improper and uncalled for; as much so as it would be to teach them how to amputate a limb, how to anchor a movable kidney, how to trephine, when and where to open an abscess, when or how to extract or to fill a tooth.

There are certain simple, important and well-defined exceptions to this statement. By all means the nurse should be familiar with antidotes

and remedies to use in cases of accidental poisoning; in cases of attempted self-destruction by taking poisonous doses of any drug; in cases in which the life of the individual depends upon the immediate active stimulation of a suddenly failing heart; in cases demanding the prompt clearing of the lungs and throat of a sudden accumulation of fluid or solid whereby asphyxiation is threatened; in certain cases of excruciating pain, the relief of which is imperative as in the sudden onset of the various colics; in cases of heat-stroke, angina pectoris, asthma, syncope, collapse and a few others. These exceptions are simply the preparation of the nurse to meet emergencies in which the simple element of time may mean the difference between life and death. These facts also should be thoroughly taught the nurse while in training.

In review permit me to say that nurses occupy, in reference to *materia medica*, pharmacy and therapeutics and the patient, a field midway between the pharmacist and the physician; ever to remember that from any view the welfare of the patient is the gauge of the labors of all; in consequence the nurse should be learned in all those matters which will supplement the duties of the pharmacist, which will complement the labors of the doctor and which will at all times conserve the well-being of the patient.

First:—Only those nurses who are “registered” should be permitted to practice “nursing;” others might be caretakers.

Second:—*Materia Medica*, Pharmacy and Therapeutics should only be taught in those training schools that graduate nurses eligible for registration and in a strictly limited and thorough manner.

Third:—*Materia Medica* and Pharmacy should only be taught in the laboratory.

Fourth:—Therapeutics should only cover the requirements for meeting medical emergencies.



A NEW CRANFORD; BEING A MORE OR LESS TRUE ACCOUNT OF AN EXPERIMENT

DEDICATED TO OUR DEAR J. B., WHO OF ALL OTHERS BEST
UNDERSTANDS WHAT PROMPTED ITS UNDERTAKING

BY ISABEL McISAAC

Late Superintendent of the Illinois Training-School, Chicago

(Continued from page 162)

VIII.—CONCLUSION. TO BE TAKEN SERIOUSLY.

THE writer appreciates that her readers have read her previous chapters in the spirit of nonsense in which they were written and in consequence finds it difficult to write with a degree of gravity which will carry any weight; but among the numerous inquiries from nurses all over the country about our experiment there have been those from tired women trying to discover a way out of the difficulties which beset them. These inquiries have been so frequent as to entirely exclude personal answers when one is busy and hampered with defective sight. There are a large number of nurses with good health and good practice who are able to continue in their work indefinitely and make ample provision for their old age. Next to them come the larger number who have parents or others dependent upon them, who may be able to nurse many years but are unable to save for the rainy day. The next group are those unhappy souls who find nursing too great a strain mentally and physically and after repeated breaks become heart-sick and discouraged.

Much has been written and said in this country regarding Dr. Osler's theory that men do their best work before the age of forty, and however much we may disagree with him we are forced to admit that his theory holds good in nursing. It is a lamentable admission to make but is sadly true in this country where we work with an eye to speed exactly as we drive our automobiles. It is not the same in England where people live more sanely and steadily according to established customs and not racing and running and shrieking after the new and novel as we do. I may be permitted to quote from Miss Dock who said, in speaking of the superintendent of a large training school in this country who thought of giving up her work, that "in England a matron who had been so long in her position would no more think of resigning because she was tired than a married woman would think of leaving her family for the same reason." However in this country of feverish unrest and

clamor for change no nurse of ordinary endurance can stand it indefinitely, and sooner or later must say to herself, "What next?"

I do not wish to be understood as altogether condemning the pace of our country, being too thoroughly imbued with the American way of doing things and being entirely in sympathy with the man who, when his doctor told him he could no longer carry on his strenuous life and had a very short time to live, turned savagely on the doctor and said: "Well, you can't take away the things I have done."

The main thing with us is to stop short of the breaking down place, thus leaving ourselves with enough strength and interest to divert into new channels.

Farming is an occupation illy suited to a large number of women whose tastes, health and early training unfit them for such work. Again for farming there really should be two not only to guard against the loneliness but because the indoor and outdoor work are so linked together that two moving spirits are needed.

If a woman has been fortunate enough to have secured a sufficient income to live and goes to the country because she likes it she may carry on such an undertaking easily and happily with hired help, but if she goes into farming as we have done as a business venture and to provide herself with a home she must have a love for the country, a willingness to work early and late, to wear impossible clothes, to find entertainment in the opinions of all her circle who think she has gone crazy, to study harder than she ever did in the training school, and to have sufficient means to live for at least two or three years until she gets beyond her probationary and blundering stage.

It is only in books and legends that wholly inexperienced farmers make money, and can run their farms without great expenditure. There have been many times when we would have been greatly discouraged but for the good counsel of a woman who had tried it and told us that the first year we would "do nothing but pay out and pay out, the second year would not be much better, but the third year the tide would begin to turn and after that we need not worry."

Living expenses on the farm are ridiculously small, very little money will run the household but the demands for tools of all kinds are something appalling. Take, for instance, vehicles: on this little place we have a wagon, a wagonette, which has two seats and will carry six or eight barrels of fruit, a buggy and a sleigh. Add to this light and heavy harness, stable and street blankets, fly-nets, lap-robies and whips and one has a bill of no inconsiderable dimensions.

Building and repairs make another huge hole in one's purse, and

there is always something needed for the comfort or welfare of the beasties. Every month we say, "Next month there will be no extras," but the month with no extras has not yet arrived and is always in the vanishing distance; indeed, our finances are usually what would be termed "frenzied" in Boston. It certainly requires much courage and a keen sense of humor to meet an expenditure of one hundred and twenty-nine dollars in a month with an income from the farm of eighteen dollars and twenty cents, but fortunately Providence endowed us with an abundant sense of humor and enough courage to pull us through much discouragement, and while we may land in the poor-house sometime, we feel like the patient who said to the doctor: "You can't take away the things I have done."

When we cast up accounts at the end of our first year we found that our household bills for the year for food and supplies, not clothing, was the absurd sum of one hundred and thirty-seven dollars. At first we couldn't believe it, but when we took into account the milk, cream, eggs, poultry, fruit and vegetables for which we paid nothing it was easy to see that such an amount was ample for three persons. The things which make such enormous bills in the city are to be had for a little labor on the farm; even fuel is comparatively cheap here, for in all peach orchards the trees are short lived and must be constantly renewed which gives excellent wood for spring and fall and the kitchen fire on baking days in the summer.

But the farm, like the city, has one huge problem which is a constant drain and mostly very unsatisfactory; that is labor. To pay out forty dollars a month on a place that practically yields no income for one man, soon puts a hole in the bank account and forces us to do all we possibly can ourselves.

Taken as a whole, so far our farming has not paid, but this season *has* been a great advance over last; we have made many lasting improvements and are well supplied with the necessary tools, have cleared the place of worn-out trees and weeds which had collected under a long régime of renters so that we look forward with much less trepidation than last year and take vast comfort in our own home.

During the bleak November weather we find our thoughts turning from the dingy city streets, the chilly dreary boarding-houses with their eternal sameness of food, the noise and smoke of cars, the hurry and worry, to our own bright wood fire, the red lamp, the books and papers and above all that heavenly quiet and peace broken only by the sound of the lake and the big clock, whose voice is the most soothing, comforting sound in the world. And when to us comes news of one and an-

other of those dear nurses we knew who have fallen into sad fortunes, and are ill or dependent or homeless, we say devoutly, Thank God for the farm.

We take this opportunity to thank the many who have received our little experiences so kindly. The writing has been a pleasure although often lamely and hurriedly done, but if from them one discouraged nurse takes a new hold on life, they are not written in vain and we make no apology for their defects but say with Touchstone: "An ill-favored thing, sir, but mine own."

JUVENILE COURT WORK, FROM A NURSE'S STAND-POINT

By KATE HUBBARD

Matron of Juvenile Court, Spokane, Wash.

ANOTHER field has been opened to our profession, that is, Juvenile Court work, or that of superintending the Detention Rooms for Juvenile Delinquents. This work is still in its infancy, having been first established in Denver in 1899. After a good test, the State of Washington followed the example given by providing for Juvenile Court work which came into operation June 7th, 1905. Until that time, there had been a steady procession of children going to the Reform School; since the establishment of Juvenile Work, many children are given an opportunity to do better, this being done by releasing the children from the detention rooms, and allowing them to report to the matron or some other probation officer every week: by this arrangement the children have their freedom, but are still in the custody of the Court. Many times, thorough investigations have brought to light the fact that the child is not at all the true culprit, but that some older person, often his employer, has been the true cause of his falling into the hands of the law. Our readers can easily imagine how this is true. For instance, in our large cities, messenger boys are continually sent on errands to saloons, club-rooms, billiard halls, vaudeville theatres, and even worse resorts, the results often being that, exposed to temptations of all kinds, from which immature characters should be shielded, and which children and youths are not prepared to resist, they fall into delinquency. We must each ask ourselves the question: "Whose is the responsibility?"

The injurious effects of tobacco and cigarettes are often demonstrated, in cases too numerous to mention. The boy starts with an occasional puff at a cigarette, but soon becomes a confirmed smoker; studies in the school-room drag, his head is heavy, he fails at examination, becomes discouraged, and drops from the school rolls. His next appearance is in the "Juvenile Detention Room."

We need to realize that over one half of our prison population are recruited from the youth of our nation who arrive at the prison as a result of neglect in childhood. To prevent this and save the children is the aim of Juvenile Court and probation work. I will tell of the daily routine of the Juvenile Department in Spokane. This department is located in the County Court House and has had many donations since its establishment.

When the youths arrive, they are "booked," searched and taken to the baths, where a full equipment of hot and cold baths and showers is provided.

After a thorough examination they are given all the privileges of the institution and provided with games and reading matter. Card-playing, tobacco and cigars are forbidden. They are taught the care of the person, thorough every-day cleanliness and rules of hygiene.

Our day's work begins at seven, when we rise. After prayers and breakfast the matron takes the truants up to the Juvenile Court room (in the same building) where their cases are disposed of.

On Tuesdays and Fridays cases of incorrigibility, larceny, etc., are tried as well as the truants. Young prisoners who are allowed out on parole are requested to report to the matron every week, on a fixed day.

After returning from Court the rest of the morning is taken up with the practical teaching in cleanliness, hygiene, etc., already spoken of. Dinner is at 1 P. M., and afterwards relatives and friends may visit the children until 3.30. Then for an hour there is out-of-door exercise in the grounds of the institution, which are kept in good order by the trustees of the county jail, an adjoining institution.

Returning from play each child takes a bath and is inspected by the matron, clothes and person being examined.

Supper is served at 6, and the children spend the early evening hours as they wish, in their rooms. Lights are out at 8 o'clock.

HINTS FOR NURSING IN YELLOW FEVER

By JULIA M. SCHOPFER

Tours Infirmary, New Orleans, La.

As the germ in yellow fever is only transmitted from the infected person to those susceptible by the *Stegomyia Fasciata*, a domestic mosquito breeding in clear water, the first precaution in the arrangement of the sick room or ward is to have it carefully screened and free from mosquitoes. If one should in any way enter it must be destroyed without fail. For the first three days the patient is kept closely under mosquito netting and carefully watched that the accident of being bitten by a mosquito cannot happen.

An alkaline cathartic (as magnesium sulphate) is usually given on the first day of the fever and thereafter, to cleanse the bowels, a saline flush daily.

To stimulate free action of the skin a hot mustard foot-bath is often given, with hot orange-leaf tea to drink freely administered if the patient is not nauseated.

After the sweating, which is profuse, is over, the patient must be carefully dried and clothing and bedding changed.

Champagne with crushed ice is given to settle the stomach and for stimulation. Lithia water, Londonderry lithia, or Bethesda water are given freely. If the patient is nauseated they must be given in small quantities but frequently.

A sponge bath is given daily, followed by an alcohol rub. The mouth and teeth must be carefully and regularly cleansed with an antiseptic.

Mustard poultices are used to relieve local pain.

The temperature, pulse, and respiration are taken every two or three hours, according to the patient's condition. A slow pulse is characteristic of yellow fever. In some cases with a temperature of 103° to 104° there will be a pulse of 42.

The urine must be carefully measured, and tested daily for albumin. It is important to keep the bedside notes with great care and detail, recording all symptoms, with the amount and character of each urination and defecation. Great gentleness is necessary in changing bed linen and clothing as prostration is often great and the patient must make no exertion. In extreme prostration the use of the bedpan is sometimes prohibited and pads used instead. Linen and stools should be disinfected.

I will describe the features of a case I have nursed in one of our neighboring small towns: When the patient was first taken in charge he had had some temperature for about three days. He had had ten grains of calomel followed by a saline cathartic on the first day of the fever. After the three days spoken of his temperature fell to almost normal and remained so for about four days, rising on the latter part of the fourth day to 101.5° and continuing to rise during the night. He became very restless and complained of intense pain in the back of the neck and head, sleeping but little.

Early in the morning by order of the physician I gave a hot mustard foot-bath, and hot orange-leaf tea frequently, the skin responding most satisfactorily. As the physician thought there were malarial symptoms a hypodermic injection of quinine was given, and for twenty-four hours five grains of quinine were given at intervals of four hours, without, however, producing any effect. The patient's temperature was now 103.5° . The bowels were then thoroughly flushed with a normal saline solution, the fluid returned being highly colored, almost black. The flushing was continued until the fluid was returned clear. The temperature and pulse responded at once and the former fell gradually through the night. The patient slept well.

The intestinal flushing was repeated daily, in the same manner, the returned fluid becoming clearer each day. On the fifth the bowels were normal.

The nourishment given consisted of liquid peptonoids, champagne, egg-nog, and grape juice, alternating, every two or three hours, with plenty of water. This was the diet for six days.

The people in the little town thought that I endangered the patient's life by giving him a daily sponge bath followed by an alcohol rub. When the temperature rose to 103.5° , due to the absorption of the toxin, the general opinion was that he was being "washed to death."

In a previous yellow fever epidemic in this little town, it had been thought imprudent to either bathe or change the patient's clothing or bedding from the beginning of the attack of fever until the end, and this belief still remained with the people. Nevertheless a few of the patients who had undergone this treatment of the dark ages recovered. One of these told me how offensive his own clothing was to himself and how on getting up he had immediately taken off his long worn apparel, put it into the fire-place and burnt it. When he visited my patient and saw the cleanliness of the yellow fever patient of to-day, a smile shone on his countenance, as if agreeably surprised and pleased with the modern treatment.

MISS E. H. RICHARDS' INVENTION

WE are glad to note that one nurse has been wise enough to patent her invention. Miss E. H. Richards, a graduate of the Chicago Homœopathic Hospital, 1898, has invented an appliance for a surgical bed, cuts of which we take pleasure in publishing with the specifications from the United States Patent Office, which read as follows:

[United States Patent Office. Emily H. Richards, of Oak Park, Illinois. Appliance for Surgical Beds. No. 803,193. Specification of Letters Patent. Patented Oct. 31, 1905. Application filed January 27, 1905. Serial No. 24,929.]

To all whom it may concern:

Be it known that I, EMILY H. RICHARDS, a citizen of the United States, residing at Oak Park, in the county of Cook and State of Illinois, have invented certain new and useful Improvements in Appliances for Surgical Beds, of which the following is a specification.

This invention relates to appliances for surgical beds, and more particularly to a device adapted to be used in connection with the usual surgical stretcher or with an invalid-bedstead, and has among its salient objects to provide a device which is complete in itself and adapted to be used as an attachment which can be readily and quickly applied to a surgical stretcher or invalid-bedstead for the purpose of supporting the patient during treatment in such manner that no wrinkles or folds of the bedding will interfere with his comfort or with the convenience of the operators, to provide an attachment of such construction that every requirement for the comfort and relief of a patient that is to be had in the various invalid-beds is met, and in general to provide a device of the character referred to, which is simple, efficient and economical.

The invention will be readily understood from the following description, reference being had to the accompanying drawings, in which—

Figure 1 is a top plan view of the device as attached to a stretcher. Fig. 2 is a transverse sectional view with parts in position, and Fig. 3 is a top plan view of a divided pad for use with the device.

Referring to the drawings, 1 and 2 designate, respectively, the side bars of the ordinary stretcher provided at their ends with the usual cross-webs 3 3.

The device constituting the present invention comprises a main hammock-like sheet of canvas 4, the ends of which are extended to the cross-webs 3 3 and pinned thereto, as at 5. At each side said canvas sheet is provided with reinforcing-strips of canvas or other suitable material secured thereto and forming longitudinally-extending bar-receiving pockets 6 6, in which are placed the bars 7 7.

8 designates a series of attaching or suspension straps passed through the canvas sheet and reinforcing-strips around the bars 7 7 and buckled around the side bars 1 2 of the stretcher.

By using the inserted bars 7 7 the supporting strain is uniformly applied to the sides of the sheet and the latter is stretched taut with a perfectly smooth surface, thus avoiding any cross wrinkles or folds or ridges to interfere with

the comfort of the patient, as would be the case if the suspension-straps were secured directly to the fabric without the use of the longitudinally-extending bars 7 7.

10 designates an underlying strap-like web portion which is secured to the side of the sheet, as at 11, Fig. 2, and adapted to be passed underneath and transversely across the sheet in such manner as to cover a central opening 12 therein, said web portion being provided with a series of suspension-straps 13, provided with rings 14, which when passed around under the side bar 2 are attached to the snap-hooks 15, arranged at the opposite side of the sheet.

16 designates a quilted pad adapted to be applied to the sheet or hammock member 4, as indicated in dotted lines in Fig. 1, said pad being provided with a central opening 17, adapted to register with the opening 12 in the sheet 4 and also divided from said opening 17 down to one end, as indicated at 18, Fig. 3, so that it may be readily adjusted to position and removed. Said pad is pinned in place, as indicated, by the pins 19.

While I have herein shown and described what I deem the preferred embodiment of the invention, it is obvious that alterations and modifications can be made in the details of construction and arrangement without departing from the spirit of the invention, and I do not, therefore, limit the invention to the details here shown, except in so far as such details are made the subject-matter of specific claims.

I claim—

1. An appliance for use in surgical operations, comprising a supporting member of sheet material provided at its sides with a pair of longitudinally-extending bars, suspension-straps connected with said bars for securing said supporting member of the side bars of a stretcher or bedstead, means for securing the ends of said sheet member to a part of said stretcher or bedstead, said sheet member being provided with a central opening, and an underlying strap-like web portion secured at one end to said sheet member and adapted to be extended across the same transversely to underlie said central opening and attached at the opposite side of said sheet member.

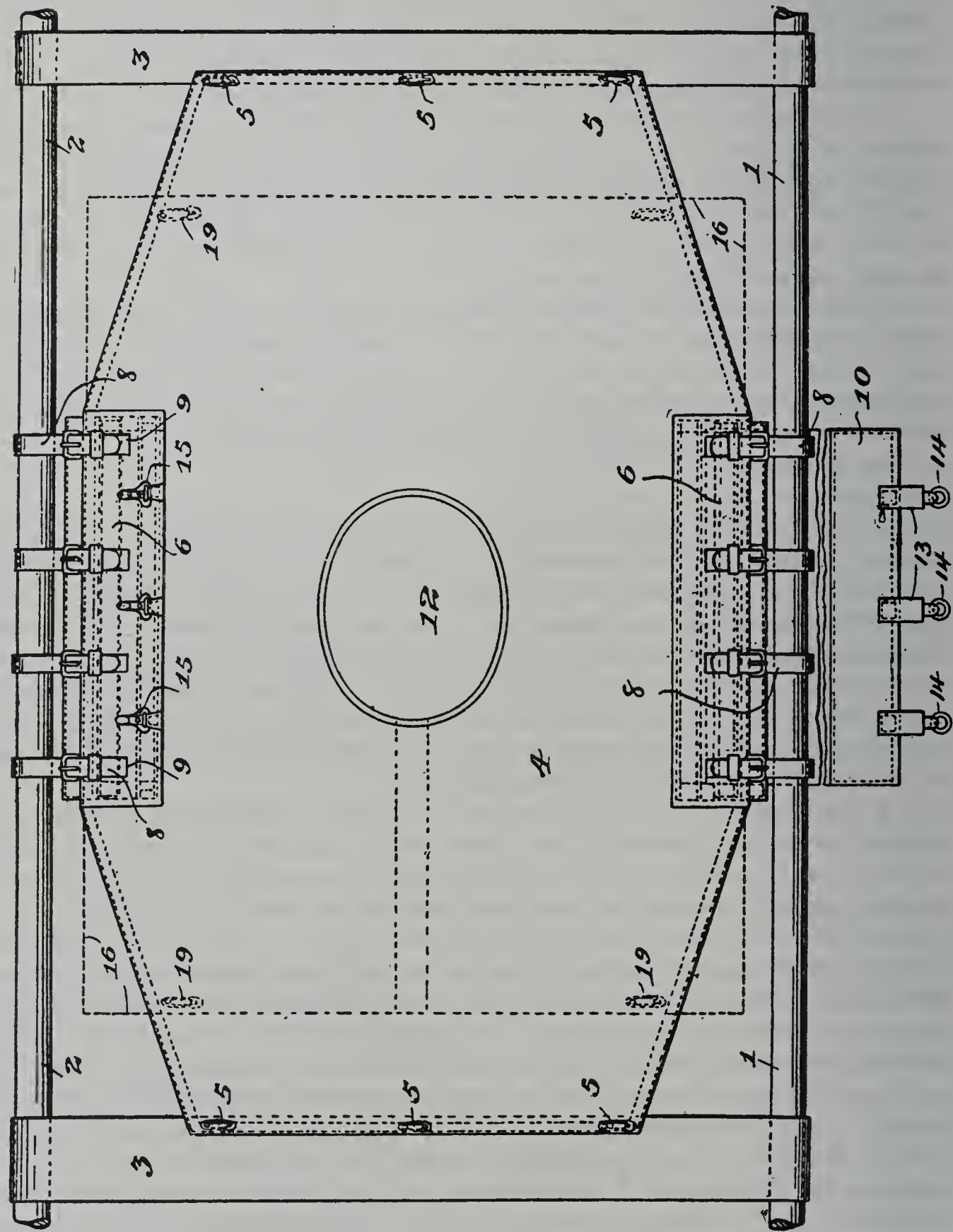
2. An appliance for use in surgical operations, comprising a supporting member of canvas provided at its sides with longitudinally extended pockets, a pair of bar members inserted in said pockets, suspension-straps attached to said supporting member and said bar members for securing said members to the side bars of a stretcher or bedstead, said supporting member being provided with a central opening and having its ends extended and secured to parts of said stretcher or bedstead, an underlying, transversely-extending, web member attached at one end to said supporting member and provided with means for detachably securing it to the other side of said supporting member, substantially as described.

3. An appliance for use with a stretcher or bedstead in hospital work, comprising a supporting-sheet provided at its sides with longitudinally-extending bars, a plurality of suspension-straps secured to said bars for attaching said sheet to the side bars of a stretcher or the like, the ends of said sheet being extended to and detachably secured to parts of said stretcher, said sheet being provided with a central opening, an underlying, transversely-extending web member detachably secured to said supporting-sheet in alinement with said opening, and a divided pad detachably secured to said supporting-sheet, substantially as described.

Fig. 1

PATENTED OCT. 31, 1905.

E. H. RICHARDS.
APPLIANCE FOR SURGICAL BEDS.



Figs. 2 and 3.

E. H. RICHARDS.
APPLIANCE FOR SURGICAL BEDS.

Fig. 3.

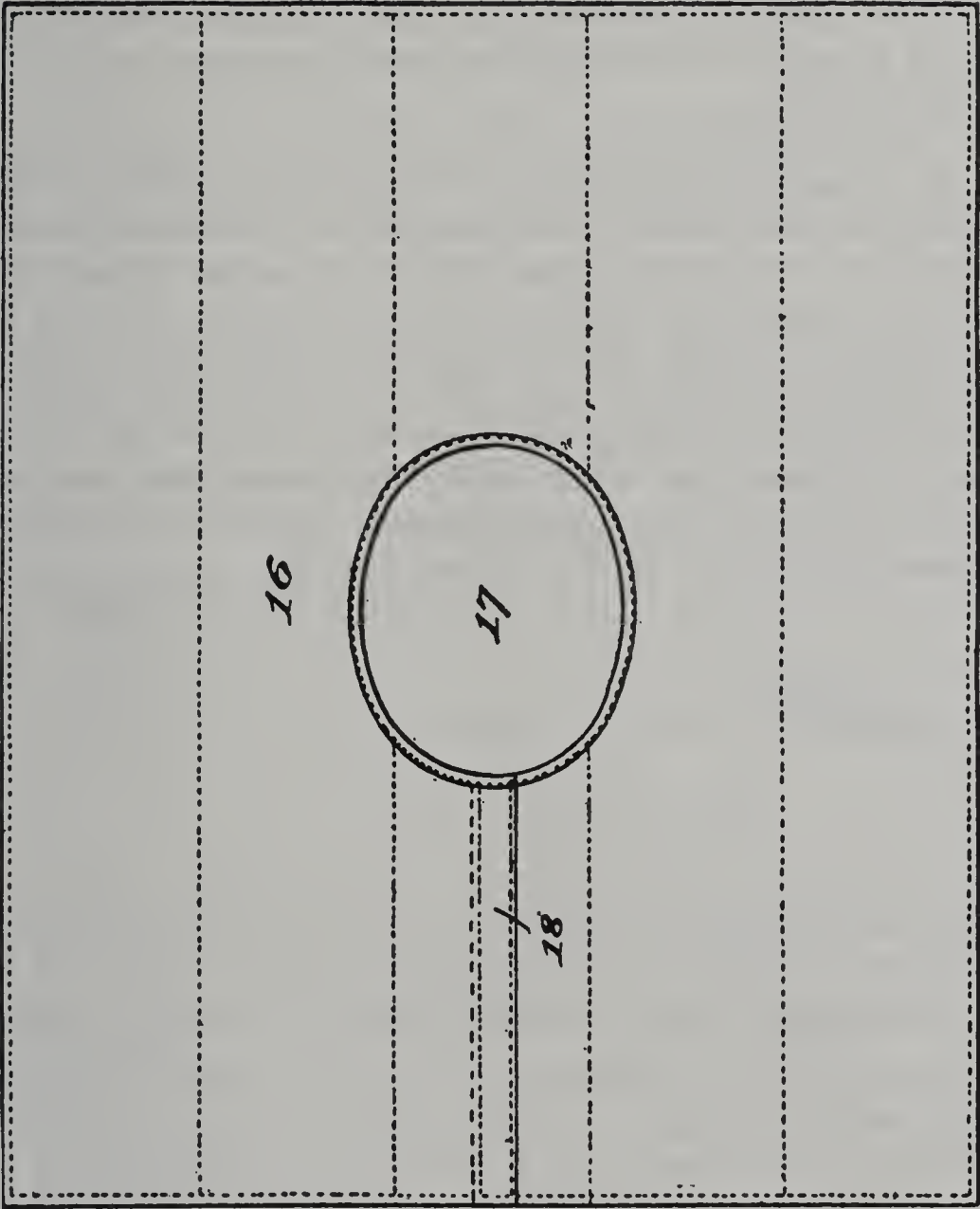
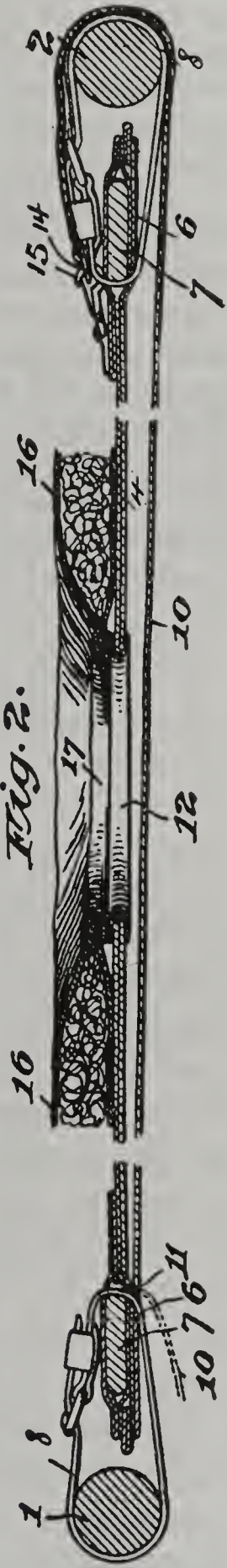


Fig. 2.



4. An appliance for attachment to a stretcher or bedstead in hospital work, comprising a canvas-sheet member provided intermediate its length at each side with a longitudinally-extending pocket of a length sufficient to extend opposite the chief weight-supporting part of said sheet, a pair of bars of corresponding length inserted in said pockets, a plurality of suspension-straps, each provided with a length-adjusting buckle, distributed at regular intervals apart throughout the lengths of the respective bars and each passed through said sheet member inside of and adjacent to the respective bars and arranged to embrace the corresponding bars of the stretcher, and means for detachably securing the end portions of said sheets to parts of said stretcher in such manner as to hold the canvas sheet longitudinally taut.

5. An appliance for attachment to a stretcher or bedstead in hospital work, comprising a sheet of canvas material provided at its sides in the middle portion thereof with reinforcing-strips of canvas forming longitudinally-extending pockets, a pair of bars inserted in said pockets, suspension-straps passed through said sheet and around said bars and the side bars of the stretcher or bedstead for supporting and tightening said sheet, said sheet being provided with a central opening, means for securing the ends of said sheet to parts of said stretcher, and an underlying, transversely-extending web portion secured at one end to said reinforcing-strips and passed across said central opening in said sheet and around the side bars of said stretcher, and holding-hooks for detachably holding the end thereof substantially as and for the purpose described.

EMILY H. RICHARDS.

Witnesses:

FREDERICK C. GOODWIN,
ALBERT H. GRAVES.

THE USE OF RYE BREAD IN DIABETES.—The *Medical Record*, quoting from the *International Medical Journal of Australasia*, says: "M. C. Lidwill has for some time been prescribing black rye bread (pumpernickel) in the case of diabetic patients. It is used as a substitute for wheat bread. The results of its use are entire disappearance or diminution of the sugar from the urine, gain in weight, and contentment on the part of the patient. The writer was led to the use of rye bread by the craving and empty feeling of which patients complain who are on the so-called diabetic diets. He sums up the advantages of rye bread as follows: It is satisfying; it stops the empty feeling; patients eat but little of it in proportion to wheat bread, about one and a half loaves sufficing for each week. This bread contains but little digestible starch; it is a laxative, combating constipation. The sugar in the urine during its use decreases to a considerable extent. Patients do not tire of it. It is a cheap food. The writer adds that rye bread is employed with the greatest benefit in the milder forms of glycosuria met with in the middle-aged or old."

THE CARE OF NERVOUS PATIENTS

BY MARY JOHNSON SHEPPERSON

Brooklyn, N. Y.

I. THE SICK-ROOM.

THIS should be sunny and airy. Cartridge paper is more restful than figured, and walls kalsomined with some soft color are also good. Pale greens are the best tints: is not green nature's tonic? Let us follow nature. Red should be avoided. The use of red street signs in a certain section of Chicago, so the story goes, largely increased crime. Plain white muslin curtains, undotted, with dark green or dark blue shades, are best for the eyes. Blinds are better than shades, however, as they admit more air and do not "flap." Glare should be avoided, but this does not mean a continuously darkened room. Let the light filter in little by little, until the full sunshine can be borne, even if only for a few minutes daily. An oiled or painted floor with neutral tinted rug is best—simply a small one by the bed, that the feet may not be chilled by the bare boards if slippers are forgotten. Use a gold and white toilet set, and avoid fancifully carved furniture. The bed is, of course, of iron. Avoid pictures or ornaments, save perhaps one landscape—still water makes a restful background—or a cast of one of the strong, reposeful faces of the olden art. The vase of flowers—may I suggest all of one kind?—is indispensable. The faint odor of perfume, when agreeable to the patient, is of some slight help. Do you see the aim of these hints? *When in the room the brain should be undistracted.* How many make themselves nervous by making patterns out of carpet, wall-paper, or furniture! Thought should be directed to the beautiful, concentrated on a few things, or else held in abeyance. The landscape, the vase of flowers, the window view,—preferably on a garden,—will stimulate the desire for outdoor life, for *activity*. The patient gains faith in his own strength *to do*. With his "I can," half the battle is won. The doctor and he stand shoulder to shoulder in the fight for health, and victory is assured.

II. THE PATIENT.

Dress.—White is most restful, with perhaps a bit of color at the neck. Avoid figured goods and black. If the last must be worn, suggest black and white and laces.

Food.—This should consist largely of milk and its combinations.

Dainty service is an essential feature. The dish garnished with lettuce or parsley is an appetizer.

Occupation.—Sleep is perhaps the most profitable. Patients, like children, are “always good when asleep.” Naps afford recreation time to doctor and nurses—“a good time all around.” Reading should be varied. Something solid enough to require a little thought and slight concentration is good in small doses. Pathetic stories and violently funny books are bad, as over-arousing the emotions. Books about Nature are good, as stimulating a desire for outdoor life, as are also rhythmic but not melancholy poems,—some of Shelley’s or Mrs. Browning’s *Pan*. Light calisthenics and Delsarte, especially the exercises for head and spine, should find a place in the day’s programme. Needle baths and the spinal douche, 80° to 100°, for from one to three minutes as the average, and the ten minutes’ hot bath at night, 98° to 100°, are indispensable. It is the opinion of some physicians that cold plunges in the morning should not be taken by neurasthenic women, as they believe it engenders congestion in the ovaries. The ordinary cold sponge is, in some cases, notably of poor circulation, also to be used carefully. A dry flannel rub may be substituted. The electricity thus obtained, like that of the human hand in massage, is invaluable. Regular electrical treatment, however, Weir Mitchell counts of little value. Wet packs are good, and moist steam. In walking, care should be taken not to overtire the patient. Remember “the way home” and conserve strength. City patients should not take country walks alone. The cows, dogs, of which nearly every house owns at least one, lonely stretches of field, and wood, are all sources of terror. A change of scene is good, but we all love the familiar. One patient regularly passed some tenements and a red brick building in her daily walks, and they, with the railroad cars were her great solace. She was a city woman. Another spent eight weeks in very beautiful country, and then, homesick, rested in another city, not her own. Monotony is a common cause of insanity. When weary of the country, we believe that a stay in the city at some quiet boarding-house is preferable to a sanitarium. The theatre, concerts, park, museums, taken moderately, are all so many avenues for the entrance of new and health giving thoughts. The noise of the city is so familiar as to be unheeded. One patient who had discouraged both doctors and nurses by her frequent weeping was permanently cured when she reached the city. Books of city views, then, are often great comforts to city patients, and familiar country scenes to the country woman.

An interest in botany or entomology may be wisely cultivated, also

sketching. The rhythmic motion of rowing is good, and out-of-door sports may be practised if not too violent. Quiet, but not sad, music is soothing. Sewing, if enjoyed, is helpful, but there should be no fitting, cutting, or other "fussy" work. Embroidery—preferably floral rather than conventional designs—and knitting are two good "standbys." Expect, insist by gentle suggestion, on "something accomplished, something done." It will win a night's repose, often better than a hypnotic.

Avoid too much conversation. Nervousness is often largely a state of being "talked-out." If "something is on the mind," however, "deferring the evil day" helps little. "Open confession is good for the soul." Let a woman talk and have her own way, the last, as much as possible, and she will soon be herself again.

III. MANAGEMENT.

"The best discipline is that which is conspicuous by its absence, that which works unseen." By an appeal to intelligence and by kindness and firmness a patient is quickly brought into coöperation with the medical attendant. Without the help of the patient little can be accomplished. One must have "faith in the doctor." Without it, Christ Himself could do no "mighty work." Never command. People dislike to be treated like children. Suggest, and *take it for granted* that you will be obeyed. The influence of mind upon mind is great. Your distrust produces aggressiveness, and hence a struggle. If the patient wins, it is the story of the runaway horse repeated. She glories in her conquest and is ready to repeat it at any moment. Rebellion is contagious—others will follow in her train. Victory on the part of doctor or nurse is usually accompanied by violent dislike on the part of the patient. The emotion of hate is one of the most virulent, and a strong-willed woman, one hard to manage, is usually a good hater.

Never threaten. Never lie. Suggesting some cruel and impossible treatment for hysteria is absurd. Fear or anger replaces the emotion of sorrow, but are either better emotions? The poor hearts crave sympathy, and tears are a God-given relief. How great is the anguish when one cannot cry, when the tear-ducts refuse their office! A certain amount of crying is good for babies, and a good cry often rests a tired woman as nothing else does. The effort of repression often brings on violent headache and nausea. The longer, too, the fit of weeping is delayed the more violent and protracted the seizure. Muffle the head, if necessary for the comfort of others, but let the patient cry freely. A little girl of my acquaintance had a tiny crying-cap—her great comfort. We are but "children of a larger growth."

Trust your patients. Do not watch them. Constant espionage excites in the mind the very desires against which you are striving. "Experience is the best teacher." If necessary for the lesson, let the patient become over-tired by coming downstairs too soon. It is less injurious than a constant clash of wills. The refusal of food is often simply a desire for attention—an effort to be peculiar. Ignore it; the stomach can rest without harm. Rectal feeding is often an encouragement of obstinacy. The patient enjoys taking the nurse's time and having the doctor solicitous. If she for one moment imagined that she would be left to starve, she would eat at once.

As for nervousness at night. When the nurse has been aroused because of "burglars," and the patient has slept almost none at all, she should get the rest and sleep the day following in bed. A light diet because of being in bed might follow, if the "burglar attacks" were frequent. Never let a patient think, however, that you are punishing her. It hurts a sensitive soul and is galling to the pride. Patients are completely at the mercy of doctor and nurses. Let them not find your "tender mercies cruel."

A sense of humor is a "saving grace."

Prompt common-sense is indispensable. "I die to-night," said one, flourishing scissors (an oft-repeated threat), "you pray with me to the end." "Well," was the reply, "as nothing can deter you, and you threaten my life if I interfere with you, hurry, so I can pray and go to bed." "Your remarks," said the patient, "are unfeeling. You are neither a lady nor a Christian." "If you are not dying, or those scissors are not put in my hand at once, I shall send you to an insane asylum," was the even response. "Since I am perfectly sane, and you very erratic, to avoid any unpleasantness, take the scissors." Entreaties had vainly occupied about two hours.

Sociability is a great factor in healing. Do not leave a patient alone from morning to night. Encourage short calls on neighbors, going to amusements and church, playing games, writing cheery letters. "No man liveth unto himself." When patients are cross, however, silence is best. Every remark or attempt at conciliation will be misconstrued. "Silence," in such cases, is generally "golden." Agree with your patients as far as possible. If you must disagree, praise their common-sense on some other point, first, then tactfully state your case, and withdraw quickly.

Tact, common-sense, firmness, cheerfulness, confidence in oneself, which inspires self-confidence, and so health, in the patient, are the main, the indispensable, requisites in doctor and in nurse.

OUR RESPONSIBILITY WITH REGARD TO THE TUBERCULOSIS PROBLEM*

By EDITH P. JONES

Nurse in Charge, Muskoka Cottage Sanatorium, Gravenhurst, Canada

THE great battle against tuberculosis which the twentieth century already is witnessing demands of every trained nurse the most careful thought and active interest. The average nurse has very little opportunity for studying phthisis in its incipient stage, owing to the restrictions in many hospitals against accepting tuberculous cases, and she generally regards a consumptive as, necessarily, an emaciated, coughing, and hopelessly-ill patient. Pulmonary tuberculosis is so insidious in its attack that very often, indeed pitifully often, the patient is already beyond the possibility of cure before his disease is recognized.

The part that the trained nurse can play in the great crusade against tuberculosis is exceedingly important. She is a woman who bears a responsible position in her community by reason of her experience and education. Her word and advice are regarded with respect. She goes in and out of the homes of our cities, towns, and villages, and even in the remote country district her aid is sought. My desire is to sound an appeal to the great army of nurses on private duty, amidst all classes of society, urging upon them the necessity of making a firm and constant effort towards the eradication of tuberculosis. The need for coöperation in fighting "the great white plague" is strongly expressed by Dr. S. A. Knopf, of New York, who says: "In order to successfully combat tuberculosis of the masses, the combined action of a wise government, well-trained physicians and an intelligent people, is needed." Now, considering the position of the trained nurse of to-day, is it not apparent that her place in the struggle is as a connecting link between physician and people?

First let every nurse acquire a full and detailed knowledge of the prophylaxis of the disease as taught by the most scientific and well-informed physicians of the day; then let her teach to the people whose homes she enters the measures they can adopt towards the prevention of this cruel disease. If every nurse will thus conscientiously do her part the amount of assistance rendered to the medical profession and of good to the people at large will be incalculable.

* Read at meeting of Colorado Trained Nurses' Association, Boulder, Colo., Oct. 12th, 1905.

Nurses must fully comprehend a few leading facts about consumption. The person suffering with tuberculosis may not be a "patient" at all. He may be a visitor to the family where the nurse is engaged, or one of the household who "has a cold that he cannot shake off," or who "seems to have a slight cough but does not think anything of it," or who is "run down and has indigestion and feels lazy all the time." Often a remark similar to these is the first that one hears from the lips of an incipient case of pulmonary tuberculosis. He may not have considered his indisposition of sufficient seriousness to consult his physician. Here is the opportunity for the alert and progressive nurse to begin her good work. It were better to be mistaken in suspecting many cases as tuberculosis which are not than to fail in detecting one which is. Let the nurse be ready to speak quietly but firmly and tactfully, to prevent alarm, to the one who has aroused her attention, and urge him to see his physician, pointing out that serious lung trouble may sometimes first manifest itself in that way. If this were done throughout the country surely many and many a man or woman, acting on the trained nurse's suggestion, would consult his medical adviser, and his disease would be discovered before his chance of recovery was gone.

Next the trained nurse must necessarily meet many people who already are in a semi-advanced stage of tuberculosis and who themselves fear it. In her talks and visits with these people she can wonderfully assist the hundreds of physicians in America who are giving their lives and devoting all their learning to the furtherance of the great cause. She can let them know by her own firm belief in what is now an unquestionable fact—that consumption can be cured. This must be faithfully preached that the old idea of its incurability may be overcome.

Again, in how many homes will the nurse find unsanitary arrangements, imperfect ventilation and darkened rooms, and what broad opportunities are hers, as she lives among "the people," to teach them that the tubercle bacillus, the cause of this dire disease that yearly claims thousands of young lives, is harbored and propagated by just such means.

The tubercle bacillus is a fungus which can be rendered inert by the two most easily attainable agents in the universe—i. e., fresh air and sunlight. It cannot remain virulent for more than 24 to 48 hours in fresh air and for more than 2 to 3 hours in sunlight. The value of "fresh air in the home and sunshine in dark corners" can be at once recognized. No sane person would drink stagnant water, and

yet how many to-day are breathing stagnant air! A nurse can point out to the family, with whom she is temporarily living, that it is necessary to breathe pure air 24 hours out of every 24 to maintain a proper standard of health. It is not a simple matter to show that rooms must have a *constant*, a never-failing supply of the air that Nature intends man to breathe. But it must be taught with persistent effort, and relentless force, this great Gospel of fresh air. And with it the need of sunshine must be emphasized. Bedrooms and living rooms must never have one ray of sunlight excluded that could be admitted. These matters are commonly known but they need to be impressed on the mind of the average householder. And again I call upon the nurses to be the messengers of truth into the homes of our country, and never to fail to teach and to teach again, and yet over and over again, the need for the home to be flooded with pure out-of-door air and sunshine.

Another responsibility which confronts the nurses is in regard to the disposal of sputa from persons who may or may not be known to be suffering with tuberculosis. It would be well if the trained nurse would teach every person, tuberculous or otherwise, to be careful in the disposal of all mouth secretions.

In bronchitis, post-nasal catarrh, influenza and other diseases, where there is abnormal secretion, there should be no indiscriminate expectoration, but all discharges should be either burned or sent down the sewer.

In nursing a case of phthisis the following details should be observed as faithfully as the rules of asepsis at an abdominal operation. *Burn* all sputum before it has time to dry. One bit of cotton or paper used once must immediately be wrapped up in itself and never opened again but consigned to the flames before it dries. If sputum cups are used they must be kept securely covered to prevent evaporation and to keep out insects. The patient must hold a piece of paper or cotton in front of the lips while coughing to prevent flecks of saliva or sputum being coughed on to his clothes or bed covers. If possible he should cough with lips closed. Separate handkerchiefs must be used for nose and lips. Small bits of old cotton are preferable for the latter as they can be burned. Teach the patient that he can reinfect himself by carelessness.

Moustaches should not be worn as they are invariably soiled with sputum, and consequently dried sputum is inhaled. Kissing upon the lips is dangerous. Many cases of tuberculosis are traceable to infection received in this manner.

All dishes used by a phthisical person should be scalded. It is in the care in detail of all articles likely to be smeared with saliva or sputum that the disease is prevented from spreading.

Finally, let every nurse feel it her duty and privilege to teach, whenever occasion permits, the need for regularity in the habits of life; temperance in the use of alcohol, the abuse of which is the predisposing factor in many cases of tuberculosis; cleanliness in all things; carefulness and discretion in the choice of foods, which are the repairers of the waste caused by disease; and lastly the need for courage, good cheer and optimism as preventives of a lowered vitality,—the open door to tuberculosis.



THE NUTRITIVE VALUE OF AN EGG.—The *New York and Philadelphia Medical Journal*, quoting from a French contemporary, says: “An egg which weighs 60 grammes contains 13 grammes of available material; 7 grammes of albumen and 6 grammes of fat. The carbohydrates are completely missing. Of the 7 grammes of albumen, 3 grammes are found in the white of the egg, 4 grammes in the yolk. The 6 grammes of fat are found in the yolk. According to Voït, one egg corresponds to 150 grammes of milk, to 50 grammes of meat, and gives 80 calories. It is easily digested, especially if the egg is cooked in the shell, and it does not remain in the stomach more than one or two hours. Prepared on a plate the nutritive value is increased by the addition of fat, but its digestibility is diminished.”

FLUOROFORM FOR WHOOPING COUGH.—The same journal quoting an abstract of a paper in the *Therapeutische Monatschrift*, appearing in the *Edinburgh Medical Journal*, says: “Stepp extols a two to two and a half per cent. solution of fluoroform, dissolved in water. The dose is a teaspoonful every hour for babes, while older children receive up to a tablespoonful. The paroxysms in twenty-two cases treated under one year of age diminished in number and force from the day of commencing treatment. The duration of the characteristic cough was reduced from six to eighteen days. The drug is tasteless, odorless, and apparently harmless, but rather expensive. It belongs to the chlorine, bromine, and iodine series of drugs, but is much more powerful than the others ”

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



NURSING: HINTS TO PROBATIONERS ON PRACTICAL POINTS. By Mary H. Annesly Voysey. London: Scientific Press, Ltd.

This little book calls attention to a fact which is constantly noticed by readers who compare the books written by and for nurses, in England and America. I mean the extreme diffidence of the American nurse, and the enterprising spirit of the English. It is the rarest thing to find an American nurse who dares face her critical sisters in the literary field. In England, on the contrary, nurses enter the lists with apparently no other equipment than a more or less limited knowledge of the subject on which they propose to write. The result is very often just such a book as Miss Voysey gives us—the practical matter excellent, but often expressed in English which requires to be translated to be understood. A great many localisms are used which are probably as unfamiliar in other parts of England as they are in America—but surely it is mere careless, slipshod writing on page 18, line 15, where the nurse is instructed that the bed be “covered by a blanket to prevent a chill.” The provincial mind reveals itself on page 23, where the delinquency of a sister province is announced in an interjection following “Beds for Rheumatic Cases” and before “Fracture Beds,” viz: “Bolsters are used loose in Scotland, and not rolled in the sheet. Some hospitals in Scotland do not use bolsters at all.” There are mentioned in this book, as in most of the English nursing books, those various foreign sounding articles unknown on this side of the water, “black soap,” “brown wool,” “gamgee jackets,” and many others.

THE NURSING OF SICK CHILDREN. By James Burnet, M.A., M.D., M. R. C. P.(Edin.); Registrar and Assistant to the Extra-Physicians, Royal Hospital for Sick Children; Senior Clinical Medicine Tutor, Extramural Wards Royal Infirmary; Physician to the Marshall Street Dispensary, Edinburgh. Author of “Manual of Children’s Diseases.” London: Scientific Press, Ltd. Price one shilling.

The reader who misleads herself by the very comprehensive title of this little book into buying it, is doomed to woful disappointment. The instructions are announced as lectures, or a lecture, given presum-

ably to probationers or pupil nurses, and the recipients of the lecture are exhorted to take down every word in a note book and carry the same in their apron pockets. They who obey the behest of their instructor do not accept any large contract, for it is hardly possible to understand why such slight matter should be printed, bound, and offered for sale.

FREDERICK C. HOWE, in his book, "The City, the Hope of Democracy," says: "A large part of the uplift which has come to our cities in recent years is traceable to the activity of women. Through them most of the movements which relieve the burdens of the poor have been inspired. Back of the settlement, the small park, the kindergarten, the crèche, the juvenile court, the schools, and the libraries; back of the Consumers' League; of the movement for the abolition of child-labor; back of many a movement for bettering the conditions of life in home, shop and factory, is the influence of woman. To woman the city is more than an incidental problem. It touches her in a thousand ways. No one suffers more from bad government than she does, and no one is more interested in good government. Moreover, municipal administration is a housekeeping agency. That is what the Germans call it. Its activities are social and domestic. To man, the city is primarily a centre of industry. He measures it by commercial standards. He views its activities and efficiency from his office, his factory, his pecuniary interest. Woman, on the other hand, sees the city in the light of a home. The vice, the saloons, the schools, the libraries, the water, gas, and transportation questions are to her questions of the family, of the child, questions of comfort, of happiness, of safety. We should coördinate these interests, should open the ballot to her voice on these questions. Probably no single reform would mean more for the ultimate if not the immediate betterment of conditions than the adding of woman's voice and counsel to the management of city affairs."

DR. GEORGE M. GOULD, 1722 Walnut Street, Philadelphia, will be grateful for any trustworthy information as to the methods which have been devised by the blind in overcoming their disability or in gaining a livelihood. Accounts of such lives, anecdotes, references to literature, etc., will be appreciated. Can nurses furnish any such details?

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



DOSAGE OF ANTIDIPHThERIA SERUM.—The *Journal of the American Medical Association*, in an abstract of a paper in *Hygica*, Stockholm, says: "Suber tabulates statistics from various countries to sustain his assumption that antidiphtheritic serum should be given in large doses (5,000 to 15,000 units) in the severer cases of diphtheria, irrespective of age. The moderately severe cases can be treated with moderate doses (3,000 to 4,000 units). Intravenous injection in the extremely severe cases has a prompt and certain curative action, without serious by-effects, even when colossal doses are used. He claims that the published statistics show that insufficient doses have been given in many instances. Injection of large doses of the serum also proves effective even against diphtheritic paralysis. He rejoices that the price of the serum has recently been reduced in Sweden, and urges that all the local boards of health and hospitals should be provided with the serum for preventive injections at need, free of cost."

A NEW WOUND DRESSING.—The *Medical Record* says: "Dr. Aymerd, in an article in the *Lancet*, advocates the substitution of plain glass for gauze in dressing wounds. He describes an experiment with a piece of thick window glass, the edges of which were ground smooth. He smeared the glass with an antiseptic preparation and applied it to the wound, which healed quickly, without leaving a scar. The author claims for his method that it enables the wound to be examined without the removal of the dressing, that it relieves pain, promotes healing, and is economical."

A SURGICAL SUGGESTION.—The *Journal of Surgery* says: "The painfulness of withdrawing packings that have dried in a wound may be avoided by soaking them with peroxide of hydrogen."

LAVAGE FOR THE RELIEF OF VOMITING.—The *Journal of the American Medical Association* says: “An old and valuable household remedy is the free ingestion of water as hot as can be taken—with a pinch of salt, for flavor, if desired. It is popularly said that the water will either correct the stomach or will make vomiting easy and less unpleasant if it must continue. Attention is again called to the value of this procedure by Sir William H. Bennett, who has adopted the suggestion made and put into practical effect by a patient, namely, the ingestion of ordinary cold or tepid water or other perfectly unirritating fluid in as large amounts as the patient desires. The vomiting may and is likely to persist, but the stomach is gradually washed out automatically and the patient is made more comfortable.”

HOLDING BREATH IN CHILDREN.—The *Inter-State Medical Journal*, quoting from a German contemporary says: “The condition is found most often in nervous children. As a result usually of nervous excitement, the child suffers a momentary spasm of the muscles of respiration, becomes markedly cyanotic, at times quite unconscious. During the attack the child usually falls backward, and the spasm ends with a loud cry and a forced expiration. The duration of the attack is usually measured by seconds. Spasm of the glottis is never associated with the condition. Examination also shows the absence in nearly all cases of the symptoms of tetany, with which the condition cannot be brought into relation. The spasm has nothing to do with epilepsy. Neumann holds that the condition may be regarded as a very early sign of neurasthenia. Inasmuch as the attacks rarely occur after the fifth year, and as they are never fatal, their importance is to be found merely in their suggestiveness as to a neuropathic temperament, or as manifesting a very early sign of a neurasthenia, to be later more fully developed. The treatment of the attack consists in irritation of the skin by throwing cold water in the face, and the general treatment is that of neurasthenia.”

SPINAL ANESTHESIA.—The *Zentralblatt für Gynäkologie*, quoted by the *Medical Record*, has the following: “Freund says that now its probationary period is over and the proper technique has been learned by experience, spinal anesthesia has been placed on a secure footing as one of the greatest advances in surgery. The author describes a number

of hysterectomies and other major abdominal operations performed to great advantage under this anesthesia, and he lays great stress on its superiority over inhalation anesthesia in marantic individuals."

MINOR POINTS IN OBSTETRICS.—The *Journal of the American Medical Association* says: "A German confrère states that the degree of relaxation of the soft parts during a delivery may be estimated from the behavior of the lower eyelid. The floor of the pelvis yields parallel to the facility with which the lower lid can be everted. His communication was published in the *Med. Klinik*, No. 26. Winkler has also recently called attention to the necessity for warmth as a means of promoting delivery. It is a physical process, and as such is attended by expenditure of heat. If the organism is weak from anemia, fatigue or chilliness, the physical process proceeds with less energy, and it may prove necessary to resort to forceps. Before doing so, however, the patient should be thoroughly warmed, which may restore sufficient energy for delivery to terminate spontaneously. His experience has been that a warm tub bath or a sitz bath, with cloths wrung out of hot water applied to the thighs and a hot foot bath are liable to start vigorous contractions. Hot drinks are valuable adjuvants. The position in the sitz bath also favors expulsion, the weight of the child and the heat irritating the lower segment of the uterus."

THE CRADLE.—In a paper in the *St. Louis Medical Review* J. Zahorsky protests vigorously against the fashion of using no cradle for pacifying children. He considers the cradle a hundred times less objectionable than the modern devices which have been forced in place of it, such as the rubber pacifier, soothing syrups, etc. He urges that the cradle be returned to the nursery, especially in those homes where no nurse or nursery maid attends the baby. He considers the cradle one of the best therapeutic agents for a nervous baby or a sick one. It is easier on the mother and it is far preferable to the pacifier or paregoric. The irritability and peevishness in infants vary to such an extent that ordinary rules in regard to hygiene and management must often be very much modified. Here is where the cradle can be used to advantage. Zahorsky says that the signs of the times are that the cradle will again come into fashion; meanwhile the physician will do well to remember this well tried soothing agent for peevish children when ordinary means fail.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



THE DANISH COUNCIL OF NURSING

THE following account, which appeared in a German magazine, the *Zeitschrift für Krankenpflege*, written by the superintendent nurse of the Military Hospital of Copenhagen, gives so full and graphic an account of the progress of Danish nurses that we give it with only a slight condensation.

The individual Danish nurse is a beautiful type of womanhood. Most Danish women speak one or two foreign languages and many know English well. It is to be hoped that the Danish Council of Nurses will soon extend its interest to nurses of other countries and join in the International Council of Nurses.

A great change and improvement has taken place in our nursing institutions during the last few years, chiefly at the instigation of the nurses themselves, who have founded an association for the benefit and advancement of their interests.

This association—"The Danish Council of Nursing"—is now about six years old, has from its very beginning been conducted by former and by active nurses, and the great importance and extension it has attained is exclusively due to these directing nurses under the leadership of their energetic and intelligent head, Mrs. Professor Tscherning (formerly a superintendent nurse).

This lady, president of the association since October, 1899, has worked hard to bring it forward for the benefit of both nurses and patients.

Nurses can join the Society either as ordinary or as associate members.

The rules of admission for ordinary members are:—The nurse must be of an age between twenty-five and forty years, and possess a three years' training at a hospital, besides conforming to the requirements as to ability and training which the Managing Committee at any time may demand.

The ordinary members wear a badge when at work—a golden

four-leaved clover in red setting, with the circular inscription: "Danish Council of Nursing."

The associate members are pupil nurses who have not yet attained their full training; they wear no badge.

The Managing Committee consists of seven persons, all ordinary members of the Society. Besides, there is a board of twenty-one representatives, elected by the different members among hospital nurses and private nurses that attend to their separate interests. All important matters are laid before this Board of Representatives by the Committee, and are settled by both conjointly.

The association receives an annual Government grant of 6,000 kr., and numbers about 1,000 nursing members, besides more than 200 contributing members among the public, who assist the good work in this manner.

Its activity at present comprises—

1. Monthly meeting of the members.
2. An office and home for private nurses.
3. A home for nurses receiving supplementary (post-graduate) training.
4. Help towards supplementary training.
5. Sick club and help for convalescents.
6. Loan fund.
7. Dietetic cooking classes.
8. A journal of nursing.
9. A home of recreation for nurses.
10. A burial fund.

I will now specify the different parts of the work.

The Office and Home for Private Nurses was originally built on a plan of nursing by the hour, as it was supposed that many patients of small means would not care to have a nurse for the whole day. In many cases it would suffice for a nurse to come in the morning and evening, or to stay for an hour once in the day to arrange the patient, make the bed, attend to dressing, &c.

There were likewise many elderly nurses who no longer could stand night duty or full nursing without being quite unfit for work. Such nurses might well manage some nursing visits daily, thus still earning their bread, besides affording cheap aid to the sick. The plan worked well and practically. In the first year four or five Sisters paid about 4,000 such visits.

Many other private nursing societies took up this kind of work, and our part in it has in consequence diminished, but we had become

known most favorably both to physicians and to the sick, who only regretted that no nurses were to be had for full nursing. After many applications the office took up this branch of nursing, and many Sisters are now actually engaged in full nursing. But many more might be employed if they were forthcoming. It is to be hoped that the number of nurses will increase. These nurses are only taxed 5 per cent. against 10 or 15 in other associations, and find it a pecuniary advantage to be employed by our office. Rooms are to be had for the Sisters at the Home, and on their free days they can take their meals there, and enjoy pleasant companionship.

A Home for nurses receiving a finishing course at a hospital or a lying-in institution is also connected with the office.

This supplementary training is a most important part of our work.

Owing to the want of system in the training received at the hospitals, there were formerly many private nurses who had only a partial training, either solely surgical or medical. These nurses, if well recommended and capable, now receive the needed instruction by means of the Society, not only the surgical and medical, but also special courses in the treatment of skin diseases, of nervous and mental disorders, and the care of puerperal patients.

Some get a year or six months, others only a few months of supplementary training, besides free station and an allowance for the time. During the last year thirty-five Sisters have been assisted by the Society, and twenty-five have been domiciled at the office.

The office contains, besides the home for private nurses with the bedrooms, a common dining-room and a sitting-room, with a piano. Many foreign and home periodicals are laid out for perusal. The sick club is recognized and assisted by the Government, and private as well as hospital Sisters are admitted as members and aided in case of illness.

From the loan fund nurses can obtain loans free from interest when in difficulties, owing to illness, or when they lack means to study nursing in foreign countries.

The Society has lately instituted dietetic and cooking classes for the benefit of the great number of nurses who lack skill in the preparation of food, and sorely miss this knowledge in private nursing. As will be seen by this account, every effort is made to train the Sisters as thoroughly and comprehensively as possible, and to raise their standard.

The popularity of the nurses became evident three years ago when a collection was made for a "Home of Recreation" for the Sisters.

The want of such a home had often been felt by the many nurses who had no family home and no means to board in the country.

A large, beautifully-situated plot of land was presented to the Society, and in a few months money enough was in hand for the building of the house. This house was inaugurated in September, 1904, and is kept open all the year. It can take in twenty Sisters. It contains many spacious, handsome bedrooms for one or two persons, sitting-room with closed and open verandah, a dining-room, and many balconies. The nurses only pay a minimum for their board, and it is hoped that free places will be founded by means of legacies. The Sisters look forward to many enjoyable and comfortable vacations in their own Home.

The journal of nursing published by the Society, has proved itself to be an invaluable medium for assimilating the nurses individually with the whole class. It is edited by a former sick nurse, and is sent to all members. It has also other subscribers.

Once a month (with the exception of the four summer months) an assembly is held for the members. The entertainment consists in instructive lectures, discussions of professional matters, musical and vocal contributions, readings, or other cheerful pastimes.

These assemblies are frequented by a great number of Sisters, and greatly promote a feeling of unity.

From this short review it will be seen that the Danish Council of Nursing is active in a great many ways, but, nevertheless, it has many hopes and wishes for the future. A systematic training-school of its own is the favourite ambition of the council and will surely be realized in time. Until now the council has only been able to offer suggestions at some hospitals concerning improvements in the training department.

Though still far from having attained all their wishes and desires, the Sisters yet feel that their association is a great help and support; they are no longer units, solitary workers at the mercy of circumstances, but begin to feel themselves a growing power, working for the common good—the better training and improved condition of all members.

ITEMS

The German Nurses' Association is making steady progress. It now numbers 746 nurses. The most important public recognition it has yet received is the recent action of the new and magnificent city hospital of Düsseldorf, which is arranging to staff its wards with members of

the organization until its own modern training school is under way. The hospital is to be opened next October, and will require fifty nurses then and twenty more, later. Nurses who apply for these positions are to go in groups of six to work in a Bonn hospital for four weeks, under the direction of the future director and medical chief of the new hospital. Their expenses for this test work are paid by the city of Düsseldorf.

It is sad to hear from a nurse who has lately travelled in Italy that the new Policlinic Hospital in Rome, now open, is being nursed in the same dirty and distressing way as the old Italian hospitals. The Policlinic was described in the JOURNAL just after its completion as one of the most beautiful and perfect hospitals in the world. It is a pity the Italian men do not realize what the French have now learned, that modern sanitary science needs modern, intelligent trained nursing to complete its hospital work.

Mrs. Strong, the matron of the Royal Infirmary, Glasgow, has called a meeting of the matrons of the Glasgow hospitals to discuss State Registration and the defining of a curriculum.

The work of Public School Nurses is receiving much consideration in England, and the Council of the Queen Victoria's Jubilee Institute has circulated a leaflet advocating the employment of Queen's Nurses under the education authorities to develop school work.

The nurses of South Africa are justly aggrieved that nurses coming out from England are exempted from the examinations which the nurses of the country are required to pass for registration and are placed on the State Register with the Colonial nurses who have taken their examination. This is, indeed, a most surprising injustice, and it is hard to understand how it arose, as there is no scarcity of nurses in South Africa, but rather the reverse. We are not surprised that the nurses of South Africa protest against the "unfair exemption of immigrants." For English trained nurses to go to Africa and claim a position of superior privilege to the Colony trained nurse can only make trouble.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this Department.]

DEAR EDITOR: As you have introduced and invited discussion on the subject of criticism and reform in the Army Nurse Corps, I would like to say a word in defense of the so-called "grumblers," and to give some of my experience in reform work.

Do you think it is quite fair for a visitor to judge of the justness or unjustness of criticisms, which have been made from the standpoint of actual work "in the ranks?"

Grumbling is an epidemic which is always prevalent in the army, and it is said to take three years to cure the disease and make a good soldier, but happily, the nurse, with her intuition and, occasionally, a good dose of philosophy, is able to apply the remedy in a much shorter time.

There is no other condition of life under the sun, which can compare with a military life. It is not bad, but peculiarly different from anything else and, although I came from one of the largest Training Schools in the country, and which boasts of its military discipline, yet I was wholly unprepared for the conditions of military life. I do not believe that military discipline can be taught in Training Schools.

There should be a post-graduate course in a military hospital, similar to the Preparatory Course in Washington for army surgeons, where nurses could receive instructions on army rules and regulations, and then enter the service with some knowledge of what is before them, instead of learning a rule by breaking it, as the private has to do.

The Presidio is at present the Preparatory School for Nurses, but during my service, and I think the same prevails now, not one word of military rule was taught there in class work.

You say, "what we need at present, is calm, deliberate common sense criticism from the nurses in the service."

I wonder if you realize just how difficult it is to criticise Uncle Sam?

In the first place, public criticism from any one in regular service is strictly against army rules and regulations, and official criticism, unless backed up with more or less "pull," almost loses its identity by

the time it travels twice the length of a "military channel," and it is most discouraging in its results.

Here is an example from my own experience: Two other nurses and myself, after completing our term of service in the Philippines, and receiving orders, signed by the Chief Quartermaster of the Department of the Philippines, for "First Class Transportation," were quartered "Third Class" on a crowded transport for one month, and after our arrival in San Francisco, and advised by the Chief Surgeon (the present Surgeon General U. S. A.), we made a calm, deliberate appeal, through military channels, to the War Department, for some action which would guarantee the future transportation of nurses "First Class," as transport rules up to that time left the matter wholly at the option of each Transport Quartermaster. The officer issuing the order, through courtesy, writes "First Class," and the officer executing the order, through lack of courtesy perhaps, or for want of room, makes it "Third Class" and shows you the "Blue Book," which is very convincing.

I never knew before how long a military channel was, and when, after several weeks, our papers were returned to us, accompanied by page after page of typewritten matter, completely exonerating the transport service, and with no prospect of reform for the nurse corps, I felt that *my* cure was complete, and that I should make no more criticisms "in the service."

Others, however, hammered away at the question, and in April, 1903, our point was gained and Mrs. Kinney informs me that "First Class Transportation" is actually printed in the "Blue Book." You have struck the key note, dear editor, when you recommend a reform of status or rank, as that would oil the machinery for any further reform.

It is said that the pay roll of the army determines the rank. For example, the nurse ranks with the non-commissioned officer because her salary is about the same. Now, if the War Department can so change its regulations as to make the Nurse Corps of equal rank with the commissioned officer in transportation, why can't it make the same special legislation for its nurses when they are dressed in uniform and working?

As an instance of *unofficial* criticism, I refer you to the request from the Presidio nurses to the Buffalo Convention in 1900, I think it was, which accomplished nothing but showers of disapproval from the War Department. After leaving the service in October, 1902, (having been nearly four years in the Nurse Corps), I made another effort

at reform, suggesting a uniform eight hour system of work which had already been proven satisfactory at some of the army hospitals.

Through influential parties, the communication reached the War Department and was turned over to the Superintendent of Nurse Corps, who said that all appeals for improvement must come through the chief nurses, reverting back to military channels, you see.

I believe that the surest and quickest road to reform would be through nurses in the service, long as it is, but I do think that they need the support of the great nursing body, which seems so distinctly separate from the Nurse Corps.

If some of our influential nurses could get into closer touch, individually, with members of the Nurse Corps, especially the chief nurses, they might get some good material to work upon, and you know public sentiment goes a long way towards influencing Uncle Sam.

The subject certainly demands the utmost caution and deliberation, as well as a thorough knowledge of army rules and regulations. I am glad that our editor is taking so active an interest in this branch of nursing, and I hope that many of our ex-army friends will take advantage of this opportunity to express their opinion on the various reforms which we used to long for.

ISABEL HARROUN, Ex-Army Nurse.

DEAR EDITOR: Your suggestion that we should "have a calm, reasonable discussion of the eligible volunteer list and the regular army service," has encouraged me to give my ideas concerning them, especially as I am an ex-army nurse.

First, as to the volunteer list: for obvious reasons institutional workers cannot be counted upon, which leaves it to be filled from the ranks of the private nurses. The requirements seem simple enough and easy to carry out—but are they? I have put in about eleven years at private work, and my experience is that it is a very uncertain life. We are here one day and gone the next. Then such a list recalls the absurd pictures we used to see of a nurse in costume with a bag in hand "always ready." How untrue to life and how unreasonable! Nurses are human beings and their profession does not cut them off, nor separate them from the duties common to other wage earners. They have their individual affairs to look after and often have to provide for some dependent relative.

Thirty-three years elapsed between the Civil War and our conflict with Spain, and the indications are wars will not be of frequent

occurrence with us. Nurses on the volunteer list would have ample time to be dead and buried. As for the nurses who did not die, would it not become disagreeable for them to go to a doctor semi-annually year after year for a "bill of health?" For these reasons, would it not be more sensible *not* to have a volunteer list?

When war comes, recruiting officers enlist the volunteers. Why not let it be the same with the nurses—the State Associations, State Boards of Nurse Examiners, or local associations, acting in the capacity of recruiting officers for the Army Nurse Corps?

When the actual need comes, those nurses who are free, or who can quickly adjust their affairs, will respond in sufficient numbers; and this method of securing them where they are known will result in wiser selections than could be made by the authorities at Washington, who would thus be spared a lot of clerical work.

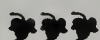
L. L. HUDSON, Colorado Springs.

DEAR EDITOR: We read much rather aimless discussion about the trained *versus* untrained nurse and I would like to suggest what seems to me one reason for the latter often being preferred to the former.

I believe it is because of the great tendency of the trained nurse to regard her patient as a case rather than as a human being in dire need and distress. You know the untrained woman, not having thorough nursing knowledge, is often apt to feel at heart a little uncertain of herself and tries to make up for her deficiencies by being sympathetic and helpful in a personal way, by showing interest in the family, etc., and she often succeeds in this way in making herself personally acceptable. As the physician does not throw all the responsibility on her she falls more into the attitude of a sympathizing and anxious friend. Trained nurses could show much more of this simple and kindly human side than they always do. One can prove this point by looking at those trained nurses who *are* distinctly and unfailingly womanly and sympathetic and who show their kind heart to all the members of the family. You *never* hear such women complain of the competition of the untrained. On the contrary they always have more calls than they can fill. I am certain that we nurses must remember in our work to consider the families that we enter, *as a whole*, and not just to regard our patients as cases. It is useless to grumble at patients for employing untrained women and to complain of doctors for recommending them. We must look within ourselves for the remedy. How often do people say of a nurse "Her *nursing* was all right,—*but*." Now it is this "but" that we need to study.

AN OLD NURSE.

EDITOR'S MISCELLANY



THE following circular letter has been sent out to the physicians of New York City by the Committee on the Prevention of Tuberculosis of the Charity Organization Society, as a result of practical suggestions made by Miss Wald, who is a member of the committee:

“The Committee on the Prevention of Tuberculosis of the Charity Organization Society takes this opportunity while the American Tuberculosis Exhibition is being held at the Natural History Museum, and while the subject of tuberculosis is prominently before the community, to call to the attention of the medical profession of the City of New York the consequences arising from the practice of sending poor consumptives to such States as Arizona, Colorado and California. Extensive experience has taught us that, difficult as it may be for a poor man to recover from tuberculosis in this city, he is better off here among his friends and relatives, where there are more adequate hospital and dispensary facilities, than he is far from home, where he is thrown entirely upon his own resources and where the great number of consumptives willing to work at the lowest wages makes the finding of employment, especially of suitable employment, almost impossible.

“Favorable results from climate can hardly be looked for unless at least \$10 per week can be spent for board and lodging. The stranger, who has spent a large part of his savings on railroad fare, soon finds himself without work, living in the poorest rooms, eating the scantiest and cheapest food.

“The practice of advising the removal to other climates thus defeats its own aims and casts upon the charity of other communities a burden which they should not and cannot sustain.

“We invite the coöperation of the medical profession, therefore, in preventing persons suffering from tuberculosis from being sent to other States unless;

“(a) They are physically able to work and have secured in advance a definite assurance of the opportunity to perform work of a proper character at wages sufficient for their suitable support; or,

“(b) Unless they have at their disposal at least \$250 in addition to railroad fare.”

MISS IDA STEWART'S paper on "The Twentieth Century Matron" read at the Matrons' Council the other day in London, was full of the wisdom of experience supported by observation and tolerance. We quote a few of her sayings:

"Looking back on more than eighteen years, when I was first matron of St. Bartholomew's Hospital, nothing strikes me more than the difference in the candidates who enter the service of the hospital as probationers now, and those who did so then. I do not say they are not so good; I only say they are different, and require different handling. * * * Believing that this difference is superficial, I believe also that the quality is as good as ever. * * *

"The only respect that is worth having is what comes from an unflinching, unflinching justice, and that is wonderfully unlike popularity. Let the nurses feel that the Matron will give them justice, and they will give the Matron their confidence. Justice is a hard road to travel, and there are pitfalls on each side, the temptation of popularity on one side, the danger of too great severity on the other, for justice is always greatest when tempered with mercy.

A SENSE OF PROPORTION

"A sense of proportion is one of the qualities which, like a sense of humour, men think belongs exclusively to the male mind. I do not know how common it is with men, but I know it is curiously uncommon with women. It consists in seeing each person and event (including ourselves) as they stand in relation to each other, as they might appear if we looked through the wrong end of the telescope. No woman can have it who is always watching other people, and no woman can have it who is always watching herself. It is a peculiarly difficult quality for a Matron to develop in her own hospital, it is really practically impossible. There she is deferred to in every particular, her wish is law, everyone rises when she goes into a room, and naturally she is apt to get to think herself a little god, and she is perhaps the only person who does not see the tin wheels. She can really only acquire this quality by going out into the world and rubbing shoulders with men and women of other, and, if possible, larger interests. This she should do as a duty, both to herself and to the hospital, for no one can be either just or generous who cannot see the relative positions and values of persons and events. I have heard Matrons praised who almost never went out: 'Think of the devotion to her work,' say they. Heaven help the hospital, say I, for vain is the help of man."

MRS. E. L. GAYLORD, of Chicago, one of the directors of the Chicago Visiting Nurses' Association, proposes to establish a permanent camp for incipient cases of tuberculosis outside of Chicago. During the past year the Visiting Nurses' Association has been responsible for the care of an experiment camp at Glencoe, and this has led to the permanent undertaking. Mrs. Gaylord will provide one hundred and sixty acres of ground and an endowment for fifteen tents at the outset. The development of camp sanitarium for tuberculosis is a most encouraging feature in the war of extermination against the scourge. The striking inexpensiveness of this system as compared with the prohibitive cost of fine buildings; the sanitary excellence of detail possible, and the good curative results are bound to make this the model system in the near future. In Pennsylvania the forest lands belonging to the State are being opened for this purpose, and it is intended that every section of the State shall have these camps. There could be no more striking evidence than this of the incidental advantage to the public of State-owned lands, when compared with the recent proofs of the selfishness of private interests in New York State where under the Goodsell-Bedell law it has been made almost impossible to secure land for the beneficent purpose of tuberculosis sanitarium.

MISS FULMER spoke wise and inspiring words to the graduates of the Michael Reese Training School not long ago, from which we quote a part:

“When people tell you that nursing is a life of self sacrifice, don't believe them. No woman comes into any profession which holds for her greater privileges and richer opportunities than the one of nursing. So many opportunities that it is almost appalling to find the years are all too short to accomplish all the wealth of activities that lie at your door. So in drifting to this life, accidentally or otherwise, you do not find it a life of sacrifice; you find, if you so desire, each and every one of you, a life full of the greatest possibilities. Do not be persuaded into believing yours is a sentimental calling. Far from it. It may require sentiment and ideals in order that the performance of details may not become irksome, but that we should be classed in the catalogue of 'fads' is not fair. The training and discipline received during your three years has developed in you that which you could not have acquired in any other school. Why is the trained nurse all over the world to-day being sought to fill positions of trust and ability? Certainly not because

she can give a typhoid bath, but because of that alertness and mental poise which she gained in the storm and stress of her hospital life."

"There is just one thing I must remind you of though in justification of some of the critics on the other side, and that is this. In our great desire for perfection, for technical skill and knowledge, is it not possible to forget, without really intending to do so, our real aim—the care of the sick patient in the bed? If we were not constantly alert could we not grow into mere machines, almost imperceptibly, and quite lose sight of the humanitarian side of our profession? A man well known to you all recently said, 'I wish some one would endow a chair of humanitarianism in our nursing schools.' I, for one, would not like to feel that nurses needed to be taught humanity to the sick; only, I do feel we all need to be cautioned lest in our enthusiasm for the gift of knowledge we forget to be humane.

"Swiftly and lest I trespass on the time allotted I must tell you of one other branch of nursing not eagerly sought for by nurses, and yet a life of such possibility and fascination that the wonder is that the largest number coming from the schools should not recruit its ranks. I refer to house to house nursing among the poor, where the greatest skill, patience and ability is needed, for here you fight not only disease but poverty, ignorance and superstition, and what a wise woman it would need to get round them all! I shall not enter into details of this especial work, for it is a longer story than I have time to tell, but I do want to urge you members of the class of 1905 to think seriously of how much your training and ability are needed in the homes of the poor of our great city. Nursing service whether in the homes of the rich or poor, like that of the skilled surgeon, cannot be paid for in dollars and cents, but nursing and good nursing is needed far more in the homes of the poor, because money can buy good nursing for the rich, but it takes more than money to secure skilled nursing for the poor. Who are better fitted than you to help bear those great civic burdens? First because you are skilled nurses, and next because you are public spirited citizens. In this work among the poor you will find every phase of modern nursing. You will see such clinical work as no nurse or physician ever sees in a hospital or in twenty years of private practice. You will have incentives to keep in touch with the very latest and best methods. You will have as an incentive to do your best nursing work, such critics and censors among your patients in the homes of the poor as no nurse on Lake Shore Drive ever had."

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

STATE MEETINGS

THE International Council of Nurses is planning an informal conference to take place in Paris, in June, 1907. As this meeting will be half way between the regular quinquennial periods no business will be transacted, but papers will be read and discussions held, and mutual acquaintance furthered. All nurses in sympathy with the aims of the Council will be welcome, and it is hoped that many will plan to take their vacation at this time.

LAVINIA L. DOCK,
Secretary.

WASHINGTON.—A meeting was held at Spokane, Wash., November 7, for the purpose of completing the formation of a State Nurses' Association. The usual business was considered and officers elected as follows: Miss Laura Goodman, Spokane, president; Miss May Loomis, Seattle, first vice-president; Miss Hankey, Tacoma, second vice-president; Miss Scharley Wright, Seattle, corresponding secretary; Mrs. Schofield, Spokane, recording secretary; Miss Hubbard, Spokane, treasurer. A committee of nine members, three from Spokane, two from Seattle, two from Tacoma and two from Bellingham is to be appointed by the president to draft a constitution and by-laws. The first annual meeting will be held some time in the spring of 1906, when a bill for State registration will be discussed.

SEATTLE, WASH.—The King County Graduate Nurses' Association held their annual meeting at 3 P. M., November 6, at the Seattle General Hospital. The principal business of the day was the election of officers. Miss May S. Loomis, was re-elected president; Miss Cora Gillispie, re-elected vice-president; Miss Katherine Archibald, secretary; Mrs. Annie Green, re-elected treasurer; Miss Katherine Major chairman board of trustees. Miss Scharley Wright was sent to Spokane as a delegate to a meeting called to perfect a Washington State Association. The matter of starting a Nurses' Club in Seattle was brought up, discussed and left to be worked up during the month. Thus the Association starts its fourth year with higher aims and desires, and we hope, better organized for the work of the future.

DETROIT, MICH.—A special meeting of the Executive Board of the Michigan State Nurses' Association was held at Swain Home, Harper Hospital, Detroit, November 16, for the purpose of arranging a program for the second annual State meeting to be held in Ann Arbor, April 4-5-6, 1906.

Among the many interesting topics under discussion was the bill for state Registration of Nurses and renewed efforts are being made along this line. Twenty-seven members were admitted to the Association, making a total membership of 296.

KATHERINE M. GIFFORD,
Corresponding Secretary.

MASSACHUSETTS.—A public meeting of the Massachusetts State Nurses' Association was held in Dean Hall, Woman's Building, Worcester, Massachusetts, on Thursday, November 16, 1905. It was a large and enthusiastic gathering—the different sections of the State being very well represented—Miss Riddle presided. Prayer was offered by Rev. A. W. Hitchcock. Dr. L. Wheeler gave us a cordial and hearty welcome, to which Miss Riddle responded. Miss Drown, our historian, gave an encouraging report, saying among other things, that registration is a means to an end, and, if we do get registration, we may attain our object in some other way. In answer to the question, "What does registration for nurses mean?" Miss Davis said that whatever doctors, dentists, pharmacists or plumbers mean by registration, we mean; that it will give nurses a legal status and set a standard of excellence and nursing education, and prevent the untrained from palming themselves upon the public as duly qualified graduate nurses. The Hon. Herbert Parker, Attorney General of Massachusetts, gave an address in which he spoke of the importance of the work that is being done by nurses, and of the recognition such service should receive. He heartily favors registration. The Hon. Rockwood Hoar, Congressman, in his address, spoke of the desirability of maintaining a high standard, and of the wrong done when an incompetent nurse goes into a family. He thinks the examining board should consist of doctors as well as nurses, and advises that nurses be required to take an examination every five years in order to keep them up to the standard. In the discussion which followed, Dr. L. Wheeler asked some questions about the training of nurses, which were answered by Miss Riddle and Miss Davis. Dr. Getchell, of the Rutland Sanitarium, spoke of the work of that institution. Mr. Ware, one of the trustees of the Burbank Hospital, Fitchburg, thought the examining board should consist of nurses, and that arbitrary rules were necessary. Dr. Howell, superintendent of the Worcester City Hospital, favored registration and an examining board of nurses, but did not approve of periodical examinations; said they were not required by any other profession. Dr. Lobey, of the Clinton Hospital, spoke very briefly. Dr. Bowers, a member of the state board of registration in medicine, favored registration, but did not think nurses should be required to take two years of their training in hospitals; said we were not to be afraid of the standards in other states, that reciprocity was not an unmixed good. He also said that the state board of registration in medicine is against having doctors on the examining board for nurses. Mr. Denny, a member of the legislature, approved of periodical examinations. Mr. Lytle, a member of the Governor's Council, thought registration a move in the right direction; said section iii. of the bill (requiring two years in hospitals) was all right, the standard should be high. Dr. Thompson, of Fitchburg, a member of the state board of registration in medicine, spoke of the New England Association for the Education of Nurses, and said three-fourths of the members are in favor of registration. After a unanimous vote of thanks had been given to all who had contributed to the success of the meeting Miss E. D. Ayers, chairman of the committee on arrangements, announced that refreshments would be served in an adjoining room, and the meeting was adjourned.

ESTHER DART,

Secretary.

PUEBLO, COL.—The Committee having the drafting of a Constitution and By-laws of an association for this place is ready to report.

NEW JERSEY.—The Fourth Annual Meeting of the N. J. S. N. Asso. was held at the Hasbrouck Institute, Jersey City, on Tuesday, December 5, at 2.30. Very widespread disappointment was felt when the President, Miss Bertha J. Gardner, announced the unavoidable absence of Miss Goodrich, of the New York Hospital, who had promised to address the meeting. As it was too late to fill her place, the business of the day followed in the usual routine. During the summer a canvass had been made of 30 hospitals in New Jersey, with a view to gain information as to the curriculum most usually followed, and a report was read as to the result. An interesting paper was read by Miss Margaret Anderson, Head Worker of the Nurses' Settlement in Orange, on the work of that institution, and on the work of the Anti-Tuberculosis Committee by the nurse in charge, Miss Julia Bronis.

The election of officers was as follows: President, Mrs. d'Arcy Stephens, 475 Main Street, Orange; first vice-president, Miss Mary F. Mason, City Hospital, Newark; second vice-president, Miss Laura McHale, St. James' Hospital, Newark; secretary, Miss Emma Young, 103 Spruce Street, Newark; treasurer, Miss Catharine Neafsy, 22 Thomas Street, Newark. Chairmen of Committees: Ways and Means, Miss Irene Fallon; membership, Miss Isabel Macdonald, 711 E. 18th Street, Paterson; printing, Miss Bertha J. Gardner, 520 Clinton Street, Newark; nomination, Miss Mary G. Rockhill, 536 Stevens Street, Camden.

REGULAR MEETINGS

ORANGE, N. J.—The annual meeting of the Alumnae Association of the Orange Training School for Nurses was held at the Visiting Nurses' Settlement. Nine new names were accepted for membership. A letter was read from Miss Margaret Pierson, the president of the Training School, urging the graduates to use their influence for desirable young women to enter the school for the training, for with the enlargement of the hospital, the opportunities for a more extended training would be greatly increased.

A letter was read from the secretary of the Anti-Tuberculosis movement of the Oranges thanking the Alumnae for their part in the support of the graduate nurse for the work. It was decided that the Alumnae give a Reception and Tea as usual to the graduating class, the time and place to be decided upon by the committee appointed. A committee of two were appointed to ascertain the cost and requirements for the endowment of a bed in the Orange Memorial Hospital for its graduate nurses, and report at the next regular meeting.

The report of the money collected for the support of the Nurse in the Anti-Tubercular work was very pleasing, sufficient for the year's work being pledged.

After the election of officers for the coming year the meeting adjourned and refreshments were served.

HARTFORD, CONN.—The quarterly meeting of the Hartford Hospital Alumnae Training School Association was held at the Nurses' Home, 37 Jefferson Street, December 5th, at three P. M. The minutes of the last meeting were read and accepted, and a revision of the constitution and by-laws was read and discussed.

Twenty five dollars was voted to buy stock in the American Journal of Nursing.

After the meeting Miss Sutherland, Superintendent of Nurses, invited the members of the Alumnae Association to a tea with her in her rooms at the Nurses' Home. A very pleasant hour was spent there, and a vote of thanks tendered to Miss Sutherland for her hospitality.

NEW HAVEN.—The Graduate and Under Graduate Nurses of New Haven held a fair in Harmony hall, November 1st and 2nd, for the purpose of raising a fund to establish a home for nurses who are unable to work. The idea originated with the Alumnae Association of the Connecticut Training School, but it was decided to admit all graduate nurses residing in the City of New Haven to the benefits of the fund.

The fair was conducted by the Alumnae Association of both training schools, the Connecticut Training School and the Grace Hospital, assisted by the many graduate nurses of other schools residing in New Haven. The hall was tastefully decorated and the booths attended by the nurses in uniform very attractive. Eighteen hundred dollars was raised for the fund.

BALTIMORE, MD.—The Nurses' Alumnae Association of the University of Maryland held its last meeting for 1905 in the Assembly Hall of the University Hospital, December 4th. The meeting was of more than usual interest and importance, and was well attended. Reports for the year were submitted. Twelve new members, the class of 1905, have been admitted during the year. The election of officers for 1906 was held, the result being as follows: President, Miss M. E. Rolph; 1st Vice-President, Miss E. B. Gray; 2nd Vice-president, Miss W. H. Cooke; Secretary, Miss M. S. Brown; Treasurer, Mrs. Nathan Winslow; 1st member Executive Committee, Miss M. E. Bradbury; 2nd member, Miss S. Ravenel.

DENVER, COL.—The Trained Nurses' Association held its monthly meeting at the Y. M. C. A. Building on December 4th. The Association decided to affiliate with the Woman's Auxiliary of the Juvenile Improvement Association, which was organized to aid in the work of the Juvenile Court of this place. Dr. H. T. Pershing gave an interesting lecture on the "Care of nervous cases."

The State Board of Nurse Examiners held a special meeting in the State Capitol on December 9th, when a number of applications for registration were passed upon.

The Visiting Nurse Association has appointed a Tuberculosis Committee and is about to establish a system of registration and special care of all tubercular cases in the city. The supervising nurse is Miss F. R. Smithwick, a graduate of the Colorado Training School for Nurses, Denver, who has for three years been connected with the staff of the Visiting Nurse Association of Chicago.

COLORADO SPRINGS.—The Nurses' Registry Association held its regular meeting on Dec. 6th. Miss L. L. Hudson read a paper giving the history of the passage of the nurses' registration bill. The question of having a city hospital was brought up and a committee appointed to see what could be done towards starting an institution of this kind, which is much needed.

BROOKLYN, N. Y.—The annual business meeting of the Brooklyn Homœopathic Alumnæ was held December 6th, when the officers for the coming year were elected as follows: President, Miss Combs (re-elected); vice-president, Miss Stella M. Healy; secretary, Miss Egan (re-elected); treasurer, Miss Moulton (re-elected); auditor, Miss Gulnac (re-elected). The Association has changed the dates of its meetings to the first Wednesday in March, June, September and December, the last named to be the regular business meeting.

NEW YORK, N. Y.—The Alumnæ Association of the Metropolitan Training School, held its regular meeting Tuesday, Nov. 14th, at 686 Lexington Ave., regular business being transacted.

The entertainment committee has planned to give a reception and dance on Tuesday evening, January 23d, at the Leslie, 83d St. and Broadway.

It is hoped that all of the members will take an active interest in this reception and help to make it a grand success. Mrs. Agnes S. Ward, Assistant Superintendent of the Metropolitan Training School, gave a very interesting talk on her work as a missionary in West Africa.

The next regular meeting will be held on January 9th, 1906.

BOSTON, MASS.—On November 28th, the Alumnæ Association of the Boston and Massachusetts General Hospital and the Children's Hospital, united for a course of Lectures on Social Science by Prof. Brackett, of Simmons College. The social hour following the first lecture was much enjoyed by the members of the two associations and invited guests.

NEW YORK, N. Y.—The Bellevue Alumnæ held the second meeting of the season at the training school, November 16th. Twenty-three members were present and three new members admitted. A special meeting was called for December 7th, to vote on the revised Constitution and By-laws. The announcement was made of the death of Miss H. A. Shearer. After all business was transacted Mrs. Wheelock entertained by story telling.

PHILADELPHIA, PA.—The Alumnæ Association of the Medico Chirurgical Hospital held a meeting on December 6th and officers were elected for the ensuing year. The report of the committee on the euchre and dance which was given November 22d for the fund to endow a free bed for sick members, was submitted and showed the affair to have been a great success both socially and financially.

PITTSBURG, PA.—The regular monthly business meeting of the Nurses' Alumnæ of Western Pennsylvania Hospital followed by a bridge whist party was held at the home of Mrs. James Israel, 5816 Hayes Street, on Tuesday evening, December 5th, with Miss Nan Brinley as hostess.

The Alumnæ is fortunate in having as members nurses who make the interests of the association their first consideration. A larger number than usual, however, were present on this occasion.

The nominating committee presented the ticket prepared for the election of officers at the annual meeting in January, and Miss Elizabeth Reed, chairman of the social committee, reported arrangements made for the annual ball to be given early in February.

Each member present felt that they had both an enjoyable and profitable evening.

MARRIAGES

NOVEMBER 9, 1905, at the Sacred Heart Church, Tumatu, Mass., Miss Katherine E. Reilly, Graduate of Morton Hospital, to Mr. John J. Carr. A pretty wedding breakfast was served at the house of the bride's parents. Mr. and Mrs. Carr will reside at 47 Hodges Ave.

ON October 30, 1905, Miss Katherine Hestre Brown, of Pontiac, Mich., was married to Mr. Otto Uhlmann, of this city. Miss Brown is a graduate of Morton Hospital. Mr. and Mrs. Uhlmann will be "at home" at No. 116 Broadway after November 15.

IN Baltimore, Md., Nov. 10, Eleanor V. Gildea, class 1905, University of Maryland, to Dr. James Mullan, U. S. N.

AT Charleston, W. V., November 7, Miss Emma Power, of Charleston (Johns Hopkins, class of 1901), to Mr. Walter Edward Harris. At home after January 15, 1901 Eighteenth street N. W., Washington, D. C.

MISS C. E. THOMPSON, class '97 Johns Hopkins Hospital, was married October 10 from her father's home, Toronto, to Dr. K. L. Reid, of Atlanta, Ga. Mrs. Reid was for the last five years superintendent of nurses at St. Luke's Hospital, St. Paul, Minn.

APRIL 15, 1905, by the Rev. Dr. Loos, of Philadelphia, at his residence, Miss Frances V. McCurdy, of Philadelphia, and Mr. Henry F. Nielsen, of New York. Mrs. Nielsen is a graduate of the University of Pennsylvania Hospital Training School and is at present superintendent of the Mt. Pleasant (Pa.) Memorial Hospital. Mr. Nielsen is chief apothecary of the Out-Patient Department of Bellevue Hospital, New York City. Mr. and Mrs. Nielsen will reside in New York city.

BIRTHS

IN November, a son to Mrs. Ralph Tozean, Cleveland, Ohio. Mrs. Tozean was Miss Grace Flury, a graduate of the Cleveland Training School for Nurses, class 1903.

IN November, a son to Mrs. Castle, Cleveland, Ohio. Mrs. Castle was Miss J. Sinclair, a graduate of the Cleveland Training School for Nurses, Class 1903.

NOVEMBER 11, 1905, a daughter to Mrs. Arthur H. Bogart, of Brooklyn, N. Y. Mrs. Bogart was Miss B. C. Turner, Methodist Episcopal Hospital, of Brooklyn, class 1901.

ON November 19, a daughter to Mr. and Mrs. J. S. Webster, of Calvary, Md. Mrs. Webster was formerly Miss Elizabeth Pinkerton, Johns Hopkins, class of '96.

OBITUARY

WHEREAS, In the death of Miss Nellie F. Wennstrom, an interested member of the Alumnae Association of the Long Island College Hospital Training School for Nurses, we recognize that a faithful worker, a noble woman, and an earnest Christian has gone home to her Father's house and to her glorious reward; be it

Resolved, That we, her sisters in the profession, rejoice in her great gain and that we strive to emulate all that was worthiest and best in her life and character;

Resolved, That we extend our sympathy to her family and send them a copy of these resolutions;

Resolved, That a copy be sent also to the AMERICAN JOURNAL OF NURSING, and be placed upon the minutes of our Alumnae Association.

MOLLIE A. HOGE,
H. ELIZABETH BURDICH,
LUCY M. SARGENT,
Committee.

At the last meeting of the Alumnae Association of the Metropolitan Hospital Training School, New York City, announcement was made of the death of Millie E. Lingee, of the class of 1895.

Miss Lingee died of typhoid fever at Hahnemann Hospital, after an illness of two weeks. Her patience, thoughtfulness, and sweetness in her sufferings were made possible only as the culmination of a self-sacrificing, noble life, which had been spent in devotion to the interests of others and in daily communion with her heavenly father.

A committee was appointed and prepared the following resolutions:

WHEREAS, God in His infinite love and wisdom has seen fit to remove our beloved friend and co-worker; we, her associates, deeply mourn the loss to our Association, the nursing profession and her numerous friends.

Resolved, That the members of the Association desire to express deep sorrow for her death and to extend to her family their heartfelt sympathy in their bereavement.

Resolved, That a copy of these resolutions be sent to her family and to the JOURNAL OF NURSING.

AGNES S. WARD,
VIRGINIA P. PEARSON,
MARY E. FREEL,
Committee.

November 17, 1905.

At a meeting of the Alumnae Association of the Rhode Island Hospital announcement was made of the death of Miss Annette E. Keys, class of 1903.

WHEREAS, It has pleased our heavenly father to take her unto Himself; therefore be it

Resolved, That the members of the Association extend their sincere sympathy to the bereaved family and friends and furthermore be it

Resolved, That a copy of these resolutions be sent to the family of the deceased, to the AMERICAN JOURNAL OF NURSING for publication, and be recorded in the minutes of the meeting.

ANNIE L. BAMFORD,
BERTHA G. PERRY,
Committee.

THE Hartford Hospital Training School Alumnae Association learn with deep regret of the death of Miss Blanche Moray, September 18, 1905, at Manawa, Wis.

Miss Moray graduated with the class of 1904, and was one of the first members of the class to join the Alumnae Association. During her three years in training school and her short time as a graduate nurse, it can be truly said of Miss Moray: she was loyal to her friends, faithful to all her duties, and beloved by all with whom she came in contact.

WHEREAS, This Association has lost a faithful member and the nursing profession a most faithful nurse,

Resolved, That we send a copy of these resolutions to her bereaved family, expressing to them our heartfelt sympathy; a copy to the AMERICAN JOURNAL OF NURSING, and have said resolutions placed on the records of the Association.

(Signed) EDNA L. FOLEY,
President of Association;
MARTHA ELLIOT,
AGNES DONALD,
J. J. WHEELER.

DIED.—October 18, 1905, at Queensville, Ontario, of Tuberculosis, Mrs. Malcolm MacArthur nee Isabel Smith, class of 1901, Toronto General Hospital.

THE Alumnae Association of the New York Hospital announces the death of two of their members, Miss Edith S. Jenks and Miss Mary J. Hunter.

THE New York City Training School Alumnae announces the death of Mrs. Jane Coleman Penrey Demorest.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

AT St. Vincent's Hospital, New York, a new wing that cost \$700,000 was recently dedicated by Archbishop Farley. The building is a seven-story fireproof structure and embodies all the latest ideas in hospital equipment. In addition to accommodations for a hundred patients it contains a new operating room, said to be the finest in this city, X-ray and sterilizing rooms and a community room for the sisters.

One floor, known as Adrian Iselin Hall, was built and equipped by the Iselin family at a cost of \$35,000. The cost of erection was defrayed by the late Adrian Iselin, and two wards, the Louise Marie and St. Therese's, were furnished by Miss Louise Marie and Miss Therese Iselin. Another floor, St. Mary's Hall, was furnished by Mrs. Daniel O'Day.

The operating room was furnished by Dr. Frederick S. Dennis, and the X-ray room by John D. Crimmins. The sterilizing room was furnished by Mrs. M. Irene O'Donohue, and Dr. Brooks H. Wells gave the machine for sterilizing basins.

Other numerous and large donations were made by individuals and societies. At the dedicatory ceremonies, which were most interesting in character, Dr. Frederick S. Dennis, president of the medical board of the hospital, said that St. Vincent's was the first hospital in New York to be supported entirely by voluntary subscriptions. He stated that the hospital was opened in 1849 with thirty beds, and treated during the first year sixty-six patients. Now it has 425 beds and treated last year 22,695 patients, including those in the outpatient department. St. Vincent's Hospital has a training school for nurses and was one of the most effective supporters of the bill for the registration of nurses under the regents.

THE New Saint Luke's Hospital, at Utica, the gift of Mr. and Mrs. Frederick T. Proctor, was handed over to the board of trustees, October 18, 1905, fully paid for, and completely furnished and equipped with modern medical and surgical appliances.

Dr. Willis E. Ford, Medical Director of the hospital, in writing a description of it says: "This is the largest single gift by any one family in central New York that we recall. The building is made of steel, hollow brick and tiles, and is fire-proof throughout. It has some features that are unusual, among which are two landscape windows out of the principal ward, overlooking the Mohawk valley. There is also a large solarium at the top of the house reached by an elevator. There are also two handsome operating rooms, so arranged that accident cases can be cared for without disturbing the patients who are in the house; also a smoking room, and two large parlors. These make it one of the most attractive, as well as substantial, of modern hospitals. It has a capacity of seventy-five beds, and cost about a quarter of a million.

"The ground was purchased and the entire expense was borne by the donors, the building was made under their personal supervision, and furnished in the most luxurious manner. On St. Luke's day the building was dedicated by the Bishop of Central New York and the clergy of this region, with appropriate religious services. In the evening the graduating exercises of the nurses were held, with the usual ceremonies. In making the transfer of this splendid gift the deed was turned over to the Board of Trustees of St. Luke's Hospital, who have managed the old building successfully in the past, with no conditions attached to the gift. When sufficiently endowed this institution ought to be an ideal charity."

THE Toronto Home for Incurables is taking the title of the Toronto Hospital for Incurable Diseases and is starting a training school for nurses. During the year 168 patients were cared for. One cannot but wonder what kind of training nurses will get in a hospital for incurables and regret that the management does not see the propriety of employing graduate permanent nurses.

A PRIVATE ROOM in the Presbyterian Hospital, New York City, has been endowed by Mrs. Morris K. Jesup, in memory of her mother, to be known as the "Eliza de Witt Memorial Room" for graduate nurses.

The first right of nomination for those requiring the use of this room is to be made by Mrs. Jesup during her life, after which this duty will fall entirely to the superintendent of the training school.

TRAINING SCHOOL NOTES

MISS GILMOUR'S thirtieth annual report of the New York City Training School, read at the graduating exercises held on November 4, contains many interesting facts. Pupil nurses do not nurse male patients in the venereal wards in this school, but a force of graduate male nurses and orderlies do the work of this department. During the third year a course of lectures on philanthropic subjects is given in connection with the School of Philanthropy of New York City. The nurses carrying off the highest prizes this year were: Senior term—Miss Whyte, 95 $\frac{1}{3}$ per cent. Intermediate term—Miss Lowe, 90 $\frac{4}{7}$ per cent. Junior term—Miss Roberts, 85 $\frac{23}{35}$ per cent. These nurses have earned the medals of their respective classes given by Mrs. Cadwalader Jones.

During the year there were 450 applicants, with very few exceptions all eligible. Forty-seven were admitted for the probationary course of training; thirty-eight were accepted: one resigned; three were dropped for illness, one for failure to pass examination; two were dismissed for cause; one was reappointed after sickness to finish her course, and a class of forty-one received their diplomas. One death occurred in the school during the year, Miss Jennie Blauvelt, who contracted cerebro-spinal meningitis at the Harlem Hospital and died after an illness of three days. There are now seven hundred and twenty-four graduates of this school. Of these a large number are engaged in private duty. They have a very progressive Alumnæ Association of two hundred and sixty members; one hundred and forty-nine have become registered nurses; one hundred are in positions of responsibility in various parts of the world; over one hundred have shown their mettle in the army in Cuba, the Philippines, and South Africa; one has just returned broken down in health from exhaustive labors in the mission fields of western Africa. The remainder who are in active duty, are nearly all private nurses. Over two hundred are happily married and enjoying homes of their own, while fifty have passed over at the call of the Great Physician.

PERSONAL

MISS MARY C. MILLER, class 1903, University of Maryland, is now Superintendent of the Presbyterian Eye and Ear Hospital, Baltimore.

IN the last report from the Hospital Economics Course the name of Miss Elizabeth Harcourt, Graduate of Buffalo General Hospital, was omitted.

MISS MARKHAM and MISS THOMPSON, both Bellevue nurses, have gone to Egypt, via Naples and Brindisi, for the winter, with the intention of doing some nursing.

MISS VIRGINIA C. SLIPPO, graduate of the Memorial Hospital, Richmond, Va., class of 1904, has been appointed superintendent of the Highstreet Infirmary, Fayetteville, N. C.

MISS CHRISTINE M. CAMPBELL, graduate of the Royal Victoria Hospital, Montreal, Canada, has been appointed Operating Clinic Nurse at the Memorial Hospital, Richmond, Va.

MISS ELEANOR REYBURN, class of '96, Johns Hopkins Hospital, has accepted the position of Superintendent of Nurses at St. Luke's Hospital, St. Paul, Minn., made vacant by the marriage of Miss Thompson to Dr. Reid.

MISS ELSIE LAWLER, of Canada, Johns Hopkins class of 1899, and for several years assistant superintendent of the Johns Hopkins Training School, has been appointed Assistant Supt. of Nurses at the Toronto General Hospital.

MISSSES HASSIE STRAIN and SUSANNA MCKENNA, of the Baltimore City Hospital Training School for Nurses, class of 1905, have assumed charge of the Tom Franklin Hospital, connected with the Industrial Institute and College, of Columbus, Mississippi.

MISS JESSIE L. BROWN, a recent graduate of the Massachusetts General Hospital Training School for Nurses, Boston, Mass., also of the McLean Hospital School for Nurses, has accepted the position of assistant superintendent of nurses at the Sheppard and Enoch Pratt Hospital, Baltimore, Md.

MISS L. MAY BUSHEY has resigned the position as Superintendent of Jackson Sanitarium, and accepted a position in The Woman's College at Sherman, Texas. Miss Bushey is a graduate of The Cleveland Training School for Nurses, Class 1896.

TRAINED nurses are greatly needed in The Chicago Training School for Home and Foreign Missions, a widely extended humanitarian work which embraces district work, with some hospital and dispensary work. The compensation would be only support and expenses, but otherwise the limitations would be few. Any one interested can secure full information by addressing Lucy Rider Meyer, 4949 Indiana Ave., Chicago, Ill.

DR. ELEANOR CHESNUT, whose death at Lien Chow, China, was noted in the December JOURNAL, was training two Chinese women as nurses. She was translating into Chinese Mrs. Rabb's text-book of nursing, and her students were studying the first part while she was at work on the last. The difficulty of training nurses in China may be inferred from the fact that one of these women could not read, and was learning the Chinese characters from the labels on the medicine bottles as a beginning. The hospital for women and children which Dr. Chesnut worked so hard to establish was destroyed by the mob which took her life.

MISS DORA BROSENNE, class 1905, University of Maryland, has been appointed Superintendent of the Hebrew Hospital, Baltimore.

MISS MENA SHIPLEY, class 1896, University of Maryland, has resigned as Superintendent of Asylum Hospital, Washington, to accept a hospital position at Evelith, Minn.

MISS LA MOTTE has promised to give an account of the Tuberculosis Exhibit just held in New York City, which was of great interest and value from the instructive standpoint.

MISS L. L. DOCK will spend the winter at her home in Graeffenburg, Penna., in order to work uninterruptedly at the History of Nursing which she and Miss Nutting have in preparation.

MISS WALD, the head of the Nurses' Settlement in New York, who attended the National Child Labor Conference in Washington, will give us later some account of this most vital reform work.

MISS KATHERINE FURBEE, class 1901, University of Maryland, has been appointed assistant superintendent of the Training-School of the National Homœopathic Hospital, Washington, D. C.

MISS IDA HOFFMAN, a graduate of the German Hospital in New York, has recently returned from a visit to relations in Lodz, Russia. She was there at a time of massacre and went to the Jewish Hospital to offer her services, as several hundred wounded and dying persons had crowded it to overflowing. She could not, however, reach the hospital, which was barricaded from the streets. Cossacks were surging through the streets shooting aimlessly. She saw various persons shot and had to take refuge in the house of a friend. She had previously visited the Jewish Hospital, which she describes as a beautiful modern structure, with separate wards for tuberculosis, and fine appointments for surgical work, but no nursing—simply the mediæval system of assistants, skilful in certain things, but no nurses.

TORONTO GENERAL ITEMS

MISS NELLIE MILLER, late Superintendent of Brockville Hospital, has accepted a similar position in the Ross Memorial Hospital, Lindsay, Ontario.

MISS MARY DOUGAL is at St. Luke's Hospital, New York, as supervising nurse in the nurses' home.

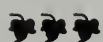
MISS M. ALLEN is Supervisor of Night Nurses in the General Memorial Hospital, New York.

MISS ALICE STEWART, who has been Superintendent of the Sherbrooke Hospital, Quebec, for the last seven years, has been appointed Matron of the Toronto General Hospital and assumed her duties on Dec. 5.

MISS JOSEPHINE LUNDY has taken a position in the Galt Hospital, Lethbridge, Alberta, in the Northwest Territory.

MISS ANNIE HARTLEY has been appointed Night Supervisor in the Galt Hospital in place of Miss Neilson resigned.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING NOVEMBER 10, 1905.

BOYLAN, MARGARET, graduate of Carney Hospital, South Boston, in 1904, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, Cal.

CAMPIN, MARY L., transferred from Zamboanga and Division Hospital, Manila, P. I., to duty in the United States. Assigned to duty at the General Hospital, Presidio, San Francisco.

HINE, M. ESTELLE, recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

JAMES, AGNES F., on duty at the General Hospital, Presidio, San Francisco, under orders to sail to the Philippines division on November 25th.

KNIGHT, DELLA V., recently arrived in the Philippines Division, assigned to duty at Fort Wm. McKinley, Rizal, P. I.

LANGSTAFF, LOUISA E., transferred from Zamboanga to duty at Division Hospital, Manila, P. I.

LAYTON, MARY V., formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

LASON, ELEANOR, recently arrived in the Philippines Division, assigned to duty at Zamboanga, Mindanao.

MCCORMICK, ELIZABETH F., recently arrived in the Philippines Division, assigned to duty at Zamboanga.

O'BRIEN, HELEN GRACE, formerly on duty at the Division Hospital, Manila, P. I., discharged in Manila.

PHILIPPENS, MINNIE ANNAS, graduate of the Maryland General Hospital, in 1905, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

PLUMMER, SAMANTHA C., recently arrived in the Philippines Division, assigned to duty at Zamboanga.

ROBERTSON, MARY A., formerly on duty at the General Hospital, Presidio, San Francisco, discharged in San Francisco, to be married.

SOLBECK, HANSINE K., recently arrived in the Philippines Division, assigned to duty at Fort Wm. McKinley, Rizal.

SPOOR, EDITH M., recently arrived in the Philippines Division, assigned to duty at Ft. Wm. McKinley, Rizal.

VOSS, FRANCES J., recently arrived in the Philippines Division, assigned to duty at Fort Wm. McKinley.

WILDE, GERTRUDE L., formerly on duty at the General Hospital, Presidio, San Francisco, discharged.

NOTE.—The Army Transport service between San Francisco and Manila will be improved by the sailing of a ship from each terminal every twenty days. For the past two or three years there has only been one transport a month each way. The new order goes into effect November 25.

DITA H. KINNEY,
Superintendent, Army Nurse Corps.

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THE AMERICAN JOURNAL OF NURSING COMPANY.

President, MISS ISABEL McISAAC, Benton Harbor, Mich.

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President, MISS ANNIE W. GOODRICH, New York Hospital, New York.

Secretary, MISS M. A. NUTTING, Johns Hopkins Hospital, Baltimore, Md.

Annual meeting to be held in New York in May, 1906.

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, MISS ANNIE DAMER, Bellevue Hospital Out-Patient Department, New York.

Secretary, MISS NELLIE M. CASEY, 814 South Tenth Street, Philadelphia, Pa.

Annual meeting, 1906, Detroit, Mich.

ARMY NURSE CORPS, U. S. A.

MRS. DITA H. KINNEY, Surgeon-General's Office, Washington, D. C.

ISTHMIAN CANAL NURSING SERVICE.

MISS M. EUGÉNIE HIBBERD, Ancon Hospital, Ancon, Panama.

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Secretary, MISS THERESA EARLES MCCARTHY, 1404 Broadway, San Francisco, Cal.

COLORADO STATE TRAINED NURSES' ASSOCIATION

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Secretary, MISS LOUIE CROFT BOYD, 124 East Eighteenth Avenue, Denver, Col.

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DISTRICT OF COLUMBIA GRADUATE NURSES' ASSOCIATION.

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Secretary,

INDIANA STATE NURSES' ASSOCIATION.

President, MRS. E. G. FOURNIER, Hope Hospital, Fort Wayne, Ind.

Secretary, MISS F. M. GRANT, City Hospital, Indianapolis, Ind.

IOWA STATE NURSES' ASSOCIATION.

President, MISS ESTELLE CAMPBELL.
Secretary,

ILLINOIS STATE NURSES' ASSOCIATION.

President, MISS M. H. McMILLAN, Presbyterian Hospital, Chicago, Ill.
Secretary, MISS GRACE ELLSWORTH, Wesley Hospital, Chicago, Ill.

LOUISIANA STATE NURSES' ASSOCIATION

President, MISS C. FROMBERRY, New Orleans, La.
Secretary, MISS P. COMFORD, New Orleans, La.

MASSACHUSETTS STATE NURSES' ASSOCIATION.

President, MISS MARY M. RIDDLE, Newton Hospital, Newton Lower Falls, Mass.
Secretary, MISS ESTHER DART, Stillman Infirmary, Cambridge, Mass.

MARYLAND STATE NURSES' ASSOCIATION.

President, MISS M. A. NUTTING, Johns Hopkins Hospital, Baltimore, Md.
Secretary, MISS SARAH MARTIN, Garrett Hospital for Children, Baltimore, Md.

MICHIGAN STATE NURSES' ASSOCIATION.

President, MISS SARAH E. SLY, Birmingham, Mich.
Secretary, MISS KATHERINE M. GIFFORD, 63 Bostwick Street, Grand Rapids, Mich.

MINNESOTA STATE NURSES' ASSOCIATION.

President, MRS. ALEX. COLVIN, St. Paul.
Secretary, MISS IDA M. CANNON, 1043 Laurel Avenue, St. Paul, Minn.

NEW JERSEY STATE NURSES' ASSOCIATION.

President, MRS. D'ARCY STEPHENS, 475 Main Street, Orange, N. J.
Secretary, MISS EMMA YOUNG, 103 Spruce Street, Newark, N. J.

NEW YORK STATE NURSES' ASSOCIATION.

President, MISS ANNIE DAMER, Bellevue Hospital Out-Patient Department, New York City.
Secretary, MISS FREDa HARTMAN, 82 East Eighty-first Street, New York City.

NORTH CAROLINA STATE NURSES' ASSOCIATION.

President, MISS M. L. WYCHE, Durham, N. C.
Secretary,

OREGON STATE NURSES' ASSOCIATION.

President, MISS WALKER, Good Samaritan Hospital, Portland, Ore.
Secretary,

OHIO STATE NURSES' ASSOCIATION.

President, MISS GREENWOOD, Jewish Hospital, Cincinnati, O.

Secretary, MISS ELIZABETH M. HARTSOCK, Cincinnati, O.

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EDITORIAL COMMENT



THE RED CROSS

IN a recent number we referred to the reorganization of the Red Cross and of the opportunity for nurses to assist in its work, and promised some further details.

Up to January, 1905, the Red Cross in America was never as thoroughly official, in the way of being directly related with the national government, as the Red Cross national organizations in European countries. It was much looser and more unorganized in its general affairs than, for instance, the wonderfully perfect German Red Cross.

State and city Red Cross societies could, and did, form independently of the national organization under Miss Clara Barton, and, in times of calamity when relief work was undertaken, as at Johnstown, such branch organizations did not fall into place under the direction of Miss Barton and her national committee, but worked independently if they chose so to do. Although it was Miss Barton's wish to secure official government recognition, this was never attained during the period of her presidency. Miss Barton will always be honored for her long life of devotion and untiring labors in times of pestilence and trouble. Her courage and determination were unbounded, and wherever there was great distress she was certain to be on the ground. She went to Armenia during the massacres, and those who know her feel certain that she would be in Russia now if she were still at the head of the Red Cross. Nevertheless, the Red Cross as a national organization did not hold the place or command the general support that it should have had,

and every one knows that its methods of accepting workers were often open to much criticism. Miss Barton, who was grounded in the methods of nursing of the time of the Franco-Prussian war, never understood or cared about the modern development of trained nursing, but relied on a volunteer and superficially trained staff, often taking on as "nurses" lay people who had had simply a course in "first aid."

In January, 1905, Congress passed an act creating an organization for the Red Cross under government supervision. Representatives of the Departments of State, War, Navy, Treasury and Justice, one from each department, are by charter provision members of the board of incorporators. The accounts of the society are, by provision of the by-laws, audited by a disbursing officer of the War Department. Secretary Taft is made the president for the ensuing year, and the executive and central committees are composed of men widely known in official, naval, military and civil life.

The special purposes of the organization are:

"To furnish volunteer aid to the sick and wounded of armies in time of war, in accordance with the spirit and conditions of the Geneva Convention.

"To continue and carry on a system of national and international relief in time of peace, and apply the same in mitigating the sufferings caused by pestilence, famine, fire, floods and other great national calamities."

Under the new organization, state societies cannot be formed independently, but the national officers select, by invitation, suitable persons to organize the different states, and each state then becomes an articulated branch of the national society.

There are at present, fifteen states organized and several more in process of organization. All of these fifteen states were represented at the recent meeting in Washington. There are two ways in which nurses can join the Red Cross. One is by paying the annual dues of one dollar and becoming a member of the society in her state. Another is by enrolling for service just as nurses enroll for the army service. Nurses can enroll for service without joining as a member, and becoming a member does not mean that she is enrolled for service. We give below the names of the secretaries of the organized states, to whom nurses may apply, either for membership or enrollment, or both. There will be in each state a nurses' committee, which will pass upon applicants. In New York state this committee includes Miss Keating, Miss Allerton, Miss Maxwell and Miss Delano, and for convenience sake the state is divided into districts, so that a nurse may enroll in her own district. Some states are divided by counties.

The arm-piece or "brassard," consisting of a white band with red cross, may only be worn when on duty under the officers of the Red Cross. No nurse has the right to wear it on any other occasion, nor has any other body the right to give it to her. There are some surgical firms and first aid corporations which have in former years secured legally the use of the red cross as a badge (for instance, Johnson & Johnson), and from these it cannot be taken away; but no one in future can ever obtain this privilege. The laws of all countries rigidly protect the use of the red cross as an emblem reserved to the national societies and their workers on the battle-field, or in the camp or hospital in time of disaster. Secretaries of the organized state branch societies are as follows:

Mrs. Thurlow McMullin, Secretary California Branch, 2200 California Street, San Francisco.

Mrs. Sara T. Kinney, Secretary Connecticut Branch, Box 726, New Haven.

Miss E. P. Bissell, Secretary Delaware Branch, 1404 Franklin Street, Wilmington.

Mr. Gist Blair, Secretary District of Columbia Branch, Corcoran Building, Washington.

Miss Annie Vane Jones, Secretary Georgia Branch, Savannah, Georgia.

Mrs. W. A. Woods, Secretary Indiana Branch, Clayport Hotel, Indianapolis.

Mr. George Norbury Mackenzie, Secretary Maryland Branch, 27 Builders Exchange Building, Baltimore.

Mr. Honoré Palmer, Secretary Illinois Branch, 1300 First National Bank Building, Chicago.

Miss Katherine P. Loring, Secretary Massachusetts Branch, Prides Crossing, Massachusetts.

Mr. Charles Moore, Secretary Michigan Branch, 705 Union Trust Building, Detroit.

Mrs. W. K. Draper, Secretary New York State Branch, Bristol Building, 500 Fifth Avenue, New York City.

Rev. Dr. John Hewitt, Secretary Ohio Branch, Cumberland Building, Columbus.

Mrs. George A. Main, Secretary Philippine Branch, Manila.

Prof. George Grafton Wilson, Secretary Rhode Island Branch, 15 Westminster Street, Providence.

Mr. George Hoyt Smith, Secretary South Carolina Branch, Charleston.

Miss Winifred W. Woods, Secretary Wyoming Branch, Cheyenne.

We ask for reports from the nurses who are taking an active part in the Red Cross reorganization in all the states.

PROGRESS OF STATE REGISTRATION

THE AFFILIATION OF TRAINING-SCHOOLS

THE power of the law is being demonstrated in a very remarkable degree in New York state in the influence it has had in bringing about the affiliation of small general and special training-schools, that their pupils may have the all-round training that the standards set by the regents require.

The Society of Superintendents of Training-Schools has from its inception advocated such affiliation, but as long as each school remained a law unto itself very little progress had been made along those lines.

Under the influence of the New York Nursing Act, schools of all kinds and classes have fallen into line willingly, and cordially in most instances, and such affiliations have not been confined to the schools within the state. The Children's Hospital of Toronto is sending its pupils down to the Manhattan Maternity Hospital, New York, for obstetrical training, in order to meet the Regents' requirements and secure recognition for its graduates working in New York state. The Hospitals at Bridgeport, Connecticut, and Scranton, Pennsylvania, also send pupils to the Manhattan, together with the Presbyterian, New York, the S. R. Smith Infirmary, Staten Island, and the Fox Memorial of Oneonta.

This gives a fair idea of how groups of nurses are being brought together.

The Pierpont Morgan Maternity Hospital draws its nursing service from seventeen different training-schools, five of these being from states outside of New York. The character of the work at this hospital calls for pupils from large hospitals accustomed to the rush and pressure of a big institution.

The New York Infirmary for women and children is depending upon the pupils from other schools for its obstetrical service, drawing from four schools from within the state and from two outside; this school is making every effort to give aid to small schools desiring to meet registration requirements.

The Sloan Maternity has recently decided to take pupils only from schools within the state. This action has come about from the fact that a number of schools had been unable to obtain facilities for obstetrical

experience for their pupils and were for that reason prevented from being registered. Miss Russell and Miss Hutchinson, to facilitate the work of the state registration of training-schools, presented the matter to their board, and it was decided that after six months' notice to those from without the state with which they have long been affiliated, preference will be given to schools from within the state. One school to be cut off is that of the Massachusetts General Hospital at Boston. We understand that the places that the pupils from this school have occupied at the Sloan have already been distributed between the large schools of New York city.

Quite as noticeable are the affiliations being entered into with children's hospitals, and between children's hospitals and general hospitals. The Children's Hospital of Buffalo is now sending all of its pupils to the Buffalo General Hospital for six months' adult and obstetrical experience, and the Woman's Hospital of the same city sends its pupils to the Children's Hospital for three months' experience.

Insane-hospital schools are beginning to affiliate with general and special schools, and there is a general leveling-up process going on that is wonderfully interesting. Conditions are at this stage crude. Perhaps there may be difficulties of which we are not informed, but it is an upward trend which promises better things for the future.

It seems to be the consensus of opinion that the pupils from small schools are, on general principles, lacking in discipline and dispatch, but that they do *finer detail work* than the pupils from the large schools.

Again, we have been told that some of the very finest nurses from every standpoint are from the small schools, demonstrating that discipline in small schools is possible.

We also hear it said that since the affiliations began each class from some of the smaller schools seems to have been given more careful preparation in discipline and technical work, showing that having their pupils compete with those from other hospitals in a great city institution is acting as a stimulant for better teaching in the smaller schools.

But we think the criticism is not to be all toward the small schools. All hospitals are training nurses who are to care for individual patients of every class in their homes, where the character of the detail work means success or failure to the woman who holds the schools' diploma. The attitude of the large schools towards the smaller has always been one of some condescension, but if it is going to be demonstrated that the quality of the detail work is better in the small schools than in the

large, then in just the degree that the small school needs to improve in discipline and develop dispatch, so the large school must look to the quality of the detail instruction that its pupils receive. This will mean more nurses and greater attention to the individual patient.

Out of these affiliations we shall have eventually not only nurses of a broader experience, but nurses of more careful preparation in all of the detail that tends to make them more acceptable to the public. The aim and end of state registration is for the making of better nurses that the people may be better served.

In these first days of affiliation such as we have described, the women in charge of the schools are having much to contend with. The large special hospitals find it difficult to administer the work of their wards with pupils from so many grades of schools. The superintendents sending their pupils to the special hospitals are sensitive of criticism. Sometimes difficulties arise in consequence and each becomes intolerant of the other's point of view, losing sight of the fact that they are helping to solve the greatest of the nursing problems of their time, and allowing personal feeling to shadow the broader educational attitude which they should have towards the whole matter.

Constant friendly conferences between the heads of schools is necessary for the wise solution of the difficulties which must be worked out during these first experimental years. The older women in the work must be watchful of the whole movement, advising and directing those of lesser experience, who may not yet appreciate the significance of a false step.

It would be very helpful at this time if schools would report their affiliations to be published in our department of "Hospital and Training-School Items."

The experience of each would be a benefit to someone else, and success and failures alike should be given publicity.

On January 1, 1906, there were eighty-four New York state schools registered, only about twelve giving a two-years' course, all the others three years.

A CURRICULUM FOR TRAINING-SCHOOLS

The New York Board of Nurse Examiners in conjunction with the special committee on education, authorized by the State Association at the April meeting, have submitted to the Regents (The Educational Department) a curriculum of study for training-schools which will very soon be published for criticism and suggestion.

This is in the form of an outline and syllabus and covers the minimum requirement of the Regents and includes the subjects upon which the full examinations will be based.

This curriculum will not be obligatory in its arrangement of time or subjects, as it is understood that every hospital must consider its peculiar conditions of administration.

The curriculum has been prepared because of the constant requests from schools for a guide in reorganizing to meet the requirements of registration. We shall be able to give it in full in our next issue.

REPORTS OF THE MONTH

The official department contains reports from a number of states showing good work being accomplished.

The Massachusetts nurses will try again this winter to obtain favorable legislation, but they have much to contend with, the principal difficulty being the requirement of two years in a hospital,—a strange sort of an objection to come from under the shadow of a great university like Harvard.

We send greetings to the Massachusetts nurses and say: Hold fast to your standards.

WHAT NURSES ARE DOING

PITTSBURG

THE Alumnæ Association of the Homeopathic Hospital has recently carried through a most successful matinee for the benefit of its fund for sick and disabled nurses, by which between fourteen and fifteen hundred dollars was realized.

The Nixon Theatre was engaged for the afternoon of December 27, and Klaw and Erlanger's extravaganza, "The Pearl and the Pumpkin," was given to a crowded house of Pittsburg's best people.

The nurses got up the program, soliciting the advertisements, for which they charged \$50 per page and cleared in that way \$300. They charged \$50 for a box, and \$2 for tickets and used the names of all ladies buying ten tickets or a box as patronesses.

Everything was done in the very best way and the returns have been most gratifying.

BOSTON

The Nurses' Club of the Boston City Hospital gave a fair at the Hotel Vendome just before Christmas, realizing in the neighborhood of \$2500 for the private-room endowment fund for nurses at the City Hospital.

ROCHESTER

The Monroe County Registered Nurses' Association has been taking steps to stimulate the interest of the public in nurses for the public schools. A letter was sent to the mayor, in the early fall, asking his consideration of the matter, and the coöperation of the Woman's Union, the Rochester Physical Education Society, and the Local Council of Women was secured in inviting Miss Lina Rogers, Superintendent of School Nurses in New York, to speak on the subject at the large assembly hall of the East High School, on the evening of January 25.

Medical inspection of public schools in Rochester was secured last year and the nurses' association will push the matter of nurses' inspection.

The association has also aroused agitation on the spitting nuisance, sending letters of protest to the Board of Health, the Police Department and the street railway company because of the non-enforcement of the ordinance making spitting in public places a misdemeanor.

The custom of wearing uniforms in the street has become very prevalent and the association has sent a letter to the hospitals and alumnae associations in the city, expressing its disapproval of this, and asking their support in suppressing it.

The Christmas entertainment for the tuberculosis patients at the Municipal Hospital was provided by thirteen members of the association. Each of the seventeen patients received a basket of fruit; there was music by Mrs. Gilson, assisted by eight of her pupils, and some very amusing monologues given by Miss Schenk, a graduate of the Homeopathic Hospital, who is especially gifted in this way. Miss Phelan, the tuberculosis nurse, Mrs. James Miller and Miss Ida R. Palmer were the nurses who carried the work through.

Those nurses who are constantly making the excuse "I am so busy" will do well to consider the things that equally busy nurses accomplish. The small efforts of a great number produce big results.

JOURNAL DIRECTORS RE-ELECTED

At the Stockholders meeting of the American Journal of Nursing Company held in New York on January 18th, at the Nurses Settlement in Henry Street, the Directors of last year were all re-elected.

At the Directors meeting held the next day at the Westminster Hotel the officers were re-elected.

It was decided to appoint a salaried "Private Nursing Editor" who will devote her entire time to papers dealing exclusively with the work of private nurses, and Miss M. E. P. Davis was made business manager to devote her entire time for the present to the broader development of the JOURNAL'S business interests. These two additions to the JOURNAL'S staff of regular workers cannot fail to make our JOURNAL much more valuable to the great nursing body, especially to those in the field of private nursing.

We shall hope, with a woman of noted reputation as a private nurse at the head of that department, that other private nurses will get into the habit of writing about their work for publication in our pages.

"A NEW CRANFORD"

WE regret very much that for the present Miss McIsaac has discontinued her very interesting sketches of "A New Cranford."

She has partly promised, however, to give a second series at some future day, after the experimental stage of the farm has passed, when she hopes to have more leisure in which to use her pen for the benefit and amusement of her profession.

The first volume of the sketches is being printed in attractive form with illustrations, and will be for sale and also be used for subscription prizes by the JOURNAL. We shall be able to make a definite announcement in regard to the price in our next number.

OUR ADVERTISING PAGES

RECENTLY an advertisement appeared in our "Wants" department for a Superintendent for a certain hospital. We learn from the chairman of the board that he received from this advertisement one

hundred and fifty applications for the position, and that from among them a very satisfactory selection has been made.

We also learn that many of the applicants sending bulky testimonials made no provision for them to be returned.

This illustration certainly demonstrates the value of our advertising pages to hospitals needing the services of nurses in any official position.

Nurses should watch our Book Reviews department for the announcement of new books on nursing subjects. We are constantly receiving letters from our readers asking to have books on special subjects recommended. Our reviewing editor, Miss Cameron, gives a frank opinion upon the value to nurses of each book she comments upon, and all books on nursing subjects are sure to come into her hands as the leading writers and publishers of nursing books are becoming very solicitous of the JOURNAL's endorsement. The Book Reviews department grows in value month by month.

THE REPORT FROM THE HOSPITAL ECONOMICS COURSE

MISS ALLINE's report of the progress being made in the Hospital Economics course is found in the Official department, and is very interesting.

The generous response of the nurses of the country last year has made it possible to develop the work in a most satisfactory manner and we have not been called upon to appeal again to them for funds to carry on the work this winter.

Money will be needed another year, however, and regular contributions from organizations and individuals are very necessary and should not be forgotten.

DOCK'S MATERIA MEDICA

MISS DOCK has revised her "Materia Medica for Nurses," assisted by Miss Bean, a graduate of the Johns Hopkins Training-School.

It is for sale by G. P. Putnam's Sons, New York. When schools are ordering in quantity it is usually much cheaper to deal directly with the publishing house.

TWO POINTS OF VIEW

WE announced in our last number that we should publish in this issue a description of the American Tuberculosis Exhibit by Miss E. N. La Motte, of Baltimore. We requested Miss Annie Damer to also send us notes on the exhibit, knowing that the most valuable part of the work had been planned and arranged by her, intending to cull from her notes some points to emphasize editorially.

We found Miss Damer's notes so very interesting, her point of view so inspires one with courage and enthusiasm, that we give them in full as a supplement to Miss La Motte's more official report of the exhibit, although both papers cover practically the same ground.

Written by two such well-known women upon a subject of such vital concern to nurses everywhere, we feel that we need not apologize to our readers, for this duplication of subjects.

A COLLABORATOR FOR NORTH CAROLINA

WE are glad to announce that Miss M. L. Whyche has consented to represent the JOURNAL in North Carolina. Miss Whyche is the President of the North Carolina State Nurses Association and Secretary of the Nurses Board of Examiners.



THE MORAL AND LEGAL RESPONSIBILITY OF NURSES IN THE PURCHASE AND PRESCRIBING OF MED- ICINES

By H. P. HYNSON

Professor of Maryland College of Pharmacy, and late President of The Pharmaceutical Association

WHETHER the science of good living be discussed under the caption "ethics," or such lines of thought are styled "moral philosophy," is of small moment; but that the conclusions by which we are to be led and which are intended to be helpful, shall be reached through the use of wisdom gained by the thumping experiences of ourselves and of those who have preceded us is important; yea, more than important: it is vital. We should be guided by wisdom weighed with absolute exactness and without the tiniest misleading weight or misunderstood counterpoise that might possibly be named self-interest, self-advancement, personal ease or personal convenience, rendering the value of such wisdom solely dependent upon its power to uplift the better humanity,—God's images,—and making life's pathways less stony.

No one, in this instance, could more sensibly feel the delicacy of his position than I do, and no one would sooner withdraw from it, who has a desire quite so strong and quite so sincere to help a profession to which he is under special obligation and for which he has unbounded respect, because of the much it has already done to comfort and relieve,—a profession that must live and grow and still further embellish society.

There cannot possibly be anything like individual sensitiveness in a discussion of this kind; only the vicious will wince, since principles, not personalities, will serve as themes. It will be well for us to remember that, no matter what may be our opinion regarding the origin of mankind, we are all agreed that the beginning was extremely humble; wanting much in knowledge, in discretion, and in better judgment. And the fact that we have, even in this remote day of our own living, attained to but small heights must make us generously charitable to ourselves as well as to others, and lead us to realize that the little power we have, at last, to discriminate, has been gained by growth that will surely forbid anything like arrogance even in those who are most highly favored and lead us all to accept the proffered hand as kindly as it

is lent. It is, indeed, this very sense of need that makes us kind and anxious to help; a lovable tendency, not a fault, that needs to be most carefully controlled, lest it lead us unwittingly into unfortunate and hurtful practices.

If I have not yet made my position quite secure, and have not sufficiently apologized for appearing before you, I may offer the desire to hold up to you, not in derision or even in censure, but in painful, regretful warning, the unfortunate position of my own vocation; a position into which it (pharmacy) drifted, no doubt, as innocently, as unconsciously, as you might, were you not made to understand that there is absolutely but one safe course, out of which will wreckage always be found.

Pharmacy, I believe, bears much the same relationship to medicine as does nursing. If pharmacy may not claim to be a branch of medical science it may, at least, be styled an adjunct to it, and has ever been a useful handmaiden. I have ventured, heretofore, to assert that if pharmacy is not the child of medicine, it is its creature and, as such, is inherently entitled to the benefits of the guardianship of that noble and powerful profession. I have, with respectful humility, maintained that the transgressions of pharmacy in the beginning were not sufficiently censured. Discipline is necessary, we all know, to healthy growth and should be gratefully accepted. Pharmacy in its entirety cannot be charged with failure to meet the demands of its mission; it has kept fully abreast of the times and in science and technique wins the approval and praise of medical men and the respect of the more intelligent laity; but, in its practice, the prerogatives of physicians, through counter-prescribing and the furnishing of ready-prepared medicines, have been too largely usurped and oftentimes that very desirable confidential, helpful relationship that should exist has been impaired, while the respect of the laity has been greatly lessened by extended attention to less important matters not directly connected with pharmaceutical practice.

All this may not be exactly pertinent but it offers an analogy, which it is hoped is pointed and strong enough to arrest any tendency on the part of nurses to treat the symptoms of their patients, their friends and their acquaintances, even if higher and more logical reasons or the advice of their instructors should not prevent it.

The legal responsibility of the nurse in prescribing medicines is certainly implied in the law to regulate the practice of medicine, which law seeks to restrict such offices to qualified physicians. Nevertheless, a nurse's conviction upon such a charge under that law is highly improb-

able. Should the medicine prescribed, however, produce damaging effect, the party so damaged would, of course, have cause for civil suit to recover the loss sustained. Criminal action can be brought only where recklessness or vicious intent can be shown.

While these citations may cover the extent of her responsibility under statutory law, or what is known as common law, the ethical laws of her own profession, to a conscientious and loyal votary, are far more formidable, as are the still higher laws of truth and justice; all of which are most effectively and beautifully condensed in the Golden Rule,—“Do unto others as you would have them do unto you.” Put yourself, not partially but exactly and wholly, in the positions occupied by others and proceed directly from that particular standpoint.

There are statutory laws against the prescribing, sale and use of abortifacients, and there are enactments against the *sale* of opium and its preparations, including the derivative, morphine, and cocaine, excepting upon the original written (mark, please, original and written) prescription of a registered physician, registered dentist or veterinarian; but there is no law against the purchase of these, consequently a nurse cannot be punished for *purchasing* as much morphine or cocaine as she is able to buy. Yet by inducing another to violate the law she, in turn, violates the law of good citizenship; neither is it creditable to encourage another to violate the law of his conscience. It will be well, however, to remember under what conditions it was advised by our Lord that the Fourth or any commandment might be waived.

While it would impose upon the nurse a great responsibility and would award a privilege that must needs be most carefully guarded, I believe the law should also allow the sale of hypodermic tablets of morphine, upon the order of any registered nurse, who is morally and mentally sound. In this connection, it may be stated that the sale of poisonous remedies, excepting the narcotics just mentioned, is neither prohibited nor restricted in Maryland; the registration of the purchaser's name and address, along with the purpose for which the drug is to be used, are the only conditions to be observed. As all the answers to questions may be falsely made, it is quite clear that this formality is useless and consequently seldom observed.

Very properly it may now be asked: Why all this; what so much to do about the purchase and sale of drugs and recommending them; wherein lies the harm; what the objection; who is concerned? Such question is perfectly legitimate and deserves careful answer.

The promiscuous sale of narcotics,—morphine and cocaine, especially,—should be carefully guarded because habits, uncontrollable

habits, brutalizing habits, are formed for these, whereby human beings are sadly depraved and untold misery is entailed upon their connections. This is known to you in a general way, but probably you do not understand to what extent it prevails and with what awful rapidity it has, therefore, grown. Should you not be impressed by the subject, I beg you discuss it with some neurologist in active practice or with the physicians in charge of our institutions for the care of neurotics and those mentally deranged.

A few years since, in connection with some work done then for the American Pharmaceutical Association, I secured Government statistics of the importance of these drugs, for the five years just previous, which I take the liberty of reproducing here. These very interesting figures, which show startling conditions, are as follows:

| YEAR. | QUANTITIES. | | | VALUES. | | | | | TOTALS. | |
|------------|--------------------|------------------|-------------------------|--------------------|------------------|-------------------------|----------------|-------------------------|-------------------------|------------------------|
| | Opium Medicinal | Opium Smoking | Morphia and Salts | Opium Medicinal | Opium Smoking | Morphia and Salts | Coca Leaves | Cocaine and Salts | Opium and Morphia | Coca and Cocaine |
| | Lbs. | Lbs. | Oz. | Dol. | Dol. | Dol. | Dol. | Dol. | Dol. | Dol. |
| 1898 | 72,287 | 117,298 | 25,791 | 162,652 | 791,319 | 35,659 | 53,752 | 56,660 | 989,690 | 113,412 |
| 1899..... | 343,283 | 127,082 | 13,081 | 833,751 | 837,456 | 35,357 | 28,388 | 40,141 | 1,706,564 | 68,529 |
| 1900..... | 537,004 | 129,336 | 26,208 | 1,137,762 | 938,524 | 75,274 | 591 | 112,375 | 2,151,560 | 112,966 |
| 1901..... | 491,448 | 139,515 | 50,819 | 1,030,209 | 1,141,518 | 147,517 | 483 | 176,948 | 2,319,234 | 117,421 |
| 1902..... | 548,674 | 163,442 | 38,002 | 1,263,369 | 1,190,493 | 96,559 | ..... | 254,704 | 2,549,421 | 254,704 |

From data secured directly from all parts of the United States it was plainly evident that *habitues* were rapidly increasing and that a conservative estimate would put the number addicted to the drug habits at no less than three in every one thousand inhabitants.

It is hoped the agitation then begun, resulting in the enactment of prohibitory laws in nearly all the states and territories, has somewhat lessened the evil but you may be assured it is still prevalent. Undoubtedly, opiates and cocaine are to be most feared, but it should be borne in mind that habits, although not so hard to break, are formed for other drugs, including sulfonal, trional, caffeine,—the latter, especially, in combination with acetanilid, as it so often appears in headache remedies. Just at this point it will be well to call your attention particularly to the fact that many of these and other potent remedies are hidden in combinations which, by you, might be considered per-

fectly innocent. I would like to emphasize this because it also offers one of the strongest reasons why nurses should not be led to recommend medicines. The nonappearance of the active ingredients in the name of a preparation is often a matter of legitimate purpose, that the patients may not know what they are taking.

You would scarcely expect to find opium a component of the compound soap pill of the British pharmacopœia, nor cocaine and nuxvomica in a compound creasote tablet. A tablet with so simple a name as "coryza" may contain any or several of the following, viz: Opium, extract of belladonna, extract of aconite, morphine sulphate, atropine sulphate, arsenic, strychnine, heroin, caffeine. "Cough" tablets may contain one or many of the following: Morphine, tartar emetic, opium, belladonna, ipecac, heroin, corrosive sublimate, aconite, pilocarpine, "any old thing." Yet coryza and cough tablets are favorite hand-arounds with some members of your profession. You may all know that rhinitis tablets contain belladonna and that those for infants, especially, also include aconite in their composition; but how many of you are able to recite the ingredients of an ordinary neuralgia pill or tablet? They are: Extracts of hyoscyamus, conium, calabar bean, opium, aconite, Indian cannabis, stramonium and belladonna—all poisons in over doses. Bromidia has in it chloral hydrate, Indian cannabis and hyoscyamus. A popular soothing syrup contains morphine; its manufacturers are compelled to so label it, in England. The popular English cough remedy, Browne's Chlorodyne, contains besides morphine, both Indian cannabis and chloroform. Morphine and chloroform are ingredients in compound syrup of white pine. White pine is entirely harmless! Caffeine and acetanilid are constituents of anti-kamnia, ammonol and nearly all of the migraine and other headache tablets, some of which also contain gelseminum, heroin, belladonna or morphine, the latter innocently hiding as a part of "Tully's powder" on the label.

It must appear, from all this, wherein the danger may lie from medicines recommended by incompetents. I will not, at length, refer to the unusual and surprising effects of remedies, resulting from the peculiar condition of the person taking them or to any idiosyncrasy. A good, plain reason, neither ethical nor philosophical, why nurses should not prescribe drugs is because they are not competent to do so,—less competent than druggists, who must, of necessity, know considerable about them but who are denied the privilege by law, by higher practice, and by a sense of right, referring, of course, to the better class of pharmacists.

Nurses should not attempt to purchase potent drugs because it greatly embarrasses and jeopardizes the position of those from whom they might buy them. It is more within the province of medical men to tell you why you stultify yourselves in attempting to treat disease.

Certainly no one outside of medicine proper should know better than nurses how difficult it is to diagnose and treat diseases,—even small ailments,—yet, this they may attempt to do when they prescribe or recommend medicines.

And who knows more than a nurse of the nonsense and absurdities of lay treatment; who is more annoyed by it? Your patient's relatives and friends; old women and senile men that visit them, know more of the treatment than ever an Osler or Alsell ever dreamed. It is amazing to realize how utterly wanting in common sense the average human being is when the taking of medicine is concerned. The prescription of their family doctor, formulated to suit a special case and a particular person, is passed around to their neighbors and friends, young and old, far and wide. If the prescription is good for grandmother, they will try to have *the druggist* reduce it for the baby! Prominent business men will take advice from anyone in a drug store, many times not being careful to know whether it be porter or errand boy that treats them.

It seems incredible that a nurse, an intelligent trained nurse, would to *any* degree take part in anything like this; that they do, only proves they are human, with the very particular tendency to which reference has been made.

Now, you probably want to know who it is that transgresses, and I am going to politely say, I will not tell. Of course, I am not going to expose my friends, but I will say as kindly as I may, that many very, very good nurses, nurses that stand well, nurses of all schools, do very injudicious things along lines about which I fear I have spoken too long.

I will ask each one who hears me or may hear of this address: "Do you know?" Let each nurse answer herself, for herself, and if the answer is, "I don't know," then let her ask almost any physician in general practice or almost any pharmacist if it is done and to what extent. I do not mean to say it is recklessly done or deliberately done. It follows often the lack of proper understanding, a lack of thought, a lack of firmness; but more frequently because of a desire to please.

I am sure I do not presume, neither do I exaggerate, when I say it happens that there is no one in this country who better understands how difficult, how almost impossible it is for you at times to refrain

from prescribing. You are requested, begged, tantalized to do so by friends and relatives, by patients and their friends and members of their families. Your ability as a nurse is questioned, you are considered mean and unaccommodating, you lose patients and friends if you refuse; and all because you will not do what you are not trained to do, what you are not competent to do, what physicians do not wish you to do, what you ought not to do, what I believe you will not do! Your reward, the compensation that right doing brings; the self-respect that higher motives produce; the respect and confidence of those whose regard is really valuable. You have undertaken a life of beautiful sacrifice—

“But you have chosen the pale white rose,
That droops in the bed of pain,
To search for it, care for it, where it grows,
And rear it to life again.”

This being so it must not be marred by inconsistency. Considering the law in the broad sense, as did St. Paul, you must study it, know it, that you may teach it to others. The material rewards you may receive will not be sufficient recompense for the good living, for the sacrifice; you must find it in higher things, in better things. What is to come I know not, but to have added a glint of brightness to the “lamp unto their feet,” to have made plainer and easier the ways of those who will follow the paths we have trod, will, indeed, be a precious treasure, a treasure which neither moth nor rust can corrupt.



THE PROGRESS OF REGISTRATION*

By L. L. DOCK

Honorary Secretary of the International Council of Nurses.

THE modern movement for legal status for nurses dates from 1887, and began in England with the founding of the Royal British Nurses' Association by Mrs. Bedford Fenwick to institute a system of registration for nurses similar to that obtaining for the medical profession. It is a temptation to go into the preliminary history and the later ups and downs of this first registration movement, but time forbids and I will only give you the dates of important events in registration history and afterwards consider in more detail the different countries and their records and results.

The year 1891 saw the first registration act passed, in Cape Colony, South Africa. In 1894 the Matrons' Council of Great Britain and Ireland was established, one object being, "to bring about a uniform system of education, examination, certification and state examination for nurses in British hospitals."

In 1895 the first public expression of the medical profession as a body was offered, a resolution in favor of registration by Act of Parliament being passed by the British Medical Association at its annual meeting. This association also directed its council "to take such measures as may seem to them advisable, to obtain such legislation." In 1899 registration of trained nurses was enforced by Act of Parliament in Natal; the Australasian Trained Nurses' Association was formed in Australia to work for a system of registration and in 1901 state associations for the same purpose were formed in New York, in North Carolina and in Virginia.

In 1901 a Nurses' Registration bill was passed by the Government of New Zealand and the nurses of Victoria in Australia formed a separate association to work for registration. In 1902 the Society for the State Registration of Trained Nurses in Great Britain was founded. In 1903 acts providing for registration were passed in North Carolina, New York, New Jersey and Virginia.

In 1904 the English State Society presented a bill in the House of Commons, and a second and similar bill was presented by the Royal British Nurses' Association. On petition of the English society, Parliament appointed a select committee of the House of Commons to inquire

* An address given before the New York State Nurses' Association at Niagara Falls, October, 1905.

into the condition of nursing and to consider the question of the registration of nurses.

In 1905, in July, this committee returned a favorable report to Parliament.

We may now look over the practical details of the work in other countries, and begin with South Africa. Registration came about there in the following way. A Medical and Pharmacy Act was about to be passed, and a petition was entered by a number of nurses asking that nurses might also be included in its provisions.

The leader of this movement was Sister Henrietta, of Kimberley, a strong and attractive personality, whom a number of American nurses, including Miss Palmer and myself, had the privilege of meeting at the London Congress of Women in 1899. One year of grace was given, then, for a year, only one year of training was exacted. This was then amended and two years' training required; finally, in 1899, an amendment fixed three years of training in a hospital of not less than forty beds.

Certificates are no longer given by individual schools, only by the central examining body, which prepares a syllabus of subjects and conducts written and oral examinations.

There is no nurse on the council or examining body. A report on the Cape Colony legislation was sent to the Berlin meeting of the International Council of Nurses by Dr. Moffat, from which I take the following extracts:

"The legislation in the Act of 1899, Part II, Section 4, affecting nurses, is gradually improving the education of nurses and raising the standard of professional knowledge. Nearly all of the hospitals in British South Africa elect as ward sisters only nurses who either hold the diploma of trained nurses granted by the Colonial Medical Council, or, if educated outside of South Africa, have certificates entitling them to register here. In this hospital we have a rule that 'Ward sisters shall be registered nurses under the Colonial Medical Act.'

"All the hospitals train their nurses with the view of entering for the Government examination at the end of the third year, and it has come to be the regular thing for a nurse to look forward from the beginning of her training to the Government examination as the completion of it, after which she can call herself a trained nurse. Many nurses who trained some years ago and neglected to take their diploma—it then not being the rule to do so—now find they cannot get work either in hospitals or private institutions, and have to turn to and work for their examination.

“The facts show that the Act is working in the right direction, and perhaps it is better that it should be so doing in a gradual manner; thus the public opinion of nurses, and so later of the community, will not be far behind legislation. Then when we amplify and add to our legislation it will have the support of the profession and be effective, whereas if the profession and public are not ready to receive legislation it would be inoperative.

“I will specify a few imperfections, or what I consider such, in our Act.

“1. There is still nothing to prevent a woman untrained or partially trained from styling herself ‘trained nurse,’ and we have many such. Now, the Act should make the term ‘trained nurse’ one which can apply only to a nurse who is registered, that is, to one who has had three years’ training at a recognized school and passed the state examination or its equivalent. Anyone else using the term should be liable to prosecution. That is, *we need a penalty clause*. I may remark that I have used the term ‘trained nurse,’ but if the council can suggest a better, that one will do. What we want is a term which will connote a proper training and examination, and which belongs to nurses and nurses only, just as the term Doctor of Medicine applies only to a medical man. In time the Sarah Gamp will be unable to enjoy the perfectly free use of a title which belongs only to the trained and certificated nurse.

“2. We have no provision for the removal of a nurse’s name from the register should she be guilty of crime, or conduct ‘infamous in a professional respect.’

“3. I venture to suggest, even though I may tremble at the thought of what our council would say to such a thing, that some at any rate of the members of the council should be trained nurses, who could discuss and vote on nursing questions. Probably in time there will be a nursing council; some of these should be trained nurses. At present the members of our council are all men.

“4. In the same way, I think the examination should be conducted in part by trained nurses.

“The great gain which would follow from the two latter additions do not need to be pointed out.

“The Cape Colony was among the first countries to enjoy state registration of nurses, but we do not enjoy the full benefits which ought to follow state registration; that will only come gradually.”

Now to go to New Zealand: The New Zealand law is not only a good one but it is excellently administered—a point of great importance,

for it avails nothing to have a good law if it is not well carried out and enforced.

I have a strong conviction that one great reason why the New Zealand work is so good is that every woman there has full suffrage just as men have. They are thus placed on an equality with men in sharing public duties and responsibilities. The hospitals of New Zealand receive grants from the state. There is an inspector of hospitals, and an assistant inspector of hospitals who now also is the registrar of nurses. This assistant inspector is a nurse, Mrs. Neill, a quiet, capable, efficient woman, to whose tact and ability the successful administration of the Act is largely due. This we learn from her chief. Every hospital is inspected at least once a year, and a full report of all details is given to the New Zealand Parliament. I present the following extracts from Mrs. Neill's report sent to the International Council last year:

"Although the New Zealand Act does not make registration by the state compulsory, it was very soon found by nurses that such registration was greatly to their advantage, and gave them a professional status hitherto lacking. The private nurses found it specially advantageous to them, for in New Zealand, as elsewhere, any woman who chose to wear a uniform was regarded by the public as a 'hospital nurse.' The Trained Nurses' Registration Act has made a clear line of demarcation, thereby educating the patient's friends to enquire whether the uniformed young woman sent to them is a 'registered nurse' or not. I unhesitatingly pronounce the effect of state registration to be good from every point of view; it is proving of benefit to the public, to the medical man, and to the nurses themselves. Its force lies not in compulsion, but in steady pressure. I know of several young women who have been private nursing for years (having had absolutely no hospital training), and who this year have found themselves obliged to enter a general hospital for the three years' training with a view to registration, or to give up going out nursing. Of course, no registration act can be thoroughly effective until such time as the medical profession find it to their own and their patients' interest to recommend the employment of registered nurses.

"A list of registered nurses is published in the Government Gazette in January of each year."

I would like here to draw your attention to a provision of the New Zealand Act.

Section 12 of the N. Z. Act says:

"In all appointments of nurses in hospitals under the control of

Boards constituted under 'The Hospitals and Charitable Institutions Act, 1885,' preference of employment in regard to future vacancies shall be given to registered nurses: Provided that nothing herein contained shall be construed to interfere with the employment of probationer nurses in such institutions."

Another interesting point about the New Zealand work is the way the examinations are arranged. They are half theoretical and half practical, the practical part being conducted in a hospital by a medical man and a matron (principal of training school). This kind of examination, practical in a small country, would of course be very difficult in a large one. Before leaving New Zealand let me emphasize the fact that the inspector is a nurse. This is the strong point of the New Zealand law.

Australia is doing excellent and energetic work on lines of general education and preparing for state registration by a voluntary system. The Australasian and Victorian associations recognize certain hospitals, and the Victorian association has gone so far as to attain a central examining board. Miss McGahey's report received at the Berlin meeting gives details from which I quote as follows:

"As yet, the Council of the Australasian Trained Nurses' Association have not seen their way clear to appoint a central examining board. This matter will receive consideration shortly. An informal meeting was quite recently held in Sydney to discuss state registration for Australasia. The subject will be fully considered at a meeting of nurses which will be convened at an early date.

"According to the rules of the Australasian and Victorian Trained Nurses' Association no registered hospital can appoint a matron who is not a member of either association. This course has been adopted to prevent hospital committees from appointing untrained nurses to such positions.

"The Victorian Trained Nurses' Association was founded in June 1901, and has now a membership of over a thousand nurses. All the leading public hospitals in Victoria are recognized as training schools. The minimum period of training is three years and no nurse can be registered who has only received a course of training in a special hospital. Last year the Victorian Association appointed a central board of examiners. At regular intervals they hold examinations in Melbourne and the sub-centres. Between the Australasian and Victorian associations a basis of reciprocity exists. This arrangement has been found to work very satisfactorily.

"We are, to a certain extent, organized through our associations,

and that being now accomplished, state registration for nurses will not be such a difficult matter to carry into effect.

"In conclusion, let me congratulate those of you who have already obtained it, and wish you every success, and may I also express the hope that those who are now working in that direction will soon see their wishes gratified."

The recent numbers of the Australian nursing journals give additional items of interest along these lines, showing that they are dealing systematically with the details of preliminary and professional educational, post-graduate work and special qualifications for matronship (as head of training school or institutions).

I would here draw special attention to one point in the Australian standards—namely, their most excellent and practical provision that the head of a registered hospital training school must herself be a thoroughly trained nurse.

This should everywhere be regarded as one of the first essentials in raising educational standards, for an untrained head cannot teach or train her subordinates. If my memory serves me rightly, we have not secured this most important and fundamental provision in our own State of New York,—a great mistake, for nursing can only be rightly taught by nurses, and it should be our aim to see that every registered school should have at its head a woman who is eligible for registration.

There are also quite recently developed movements for registration in Holland and Germany, and I am strongly inclined to the opinion that state registration in the latter country will not be long delayed. Holland has an association working at a voluntary system, but they have not made as much progress as the Australians.

The struggle in England has been long and bitter. It is impossible for me in a few moments' time to go into it. Suffice it to say that in 1896 the Royal British Nurses' Association, having fallen into reactionary hands, blocked by one vote the proposed action of the British Medical Society already spoken of, and nothing further was done until the Society for State Registration was established by Mrs. Fenwick, who was made its secretary, under the presidency of Miss Louisa Stevenson. The favorable report of the select committee must be regarded as a great victory for this society and as arguing most hopefully for the cause, though it is not, of course, equivalent to having a bill passed. The select committee does not recommend a central examination, but would leave examination to the schools. It recommends a central nursing board, to be created by Act of Parliament, and containing nurses and matrons (training school superintendents) who shall have the right

of inspection of training schools and shall fix a minimum standard and deal with all questions of detail. The opposition in England has been of a most peculiar, intangible, un-get-at-able nature, and vastly greater than any we have had so far. Where we have trouble, theirs is multiplied by ten; therefore I feel that only those who know this opposition can realize how great is the triumph of the select committee's favorable report. As our own home affairs are well known to you I will only bring forward some practical points which I feel ought to be emphasized for your attention. First is the question of the small training school. We can all bear instant and willing testimony to the value, the importance of small hospitals to their communities. They are humanitarian and necessary. It does not follow though that the small training school is always valuable or important or necessary. Many small hospitals are unable to show their pupils the necessary variety of cases for training, and the right thing for these institutions to do, from a professional standpoint, and the sound thing from the ethical standpoint, is to employ graduate nurses, or to coöperate with another or several institutions, or to combine these two methods. The reason for conducting a training school in the very small or special hospital is, that it is the cheapest method, and this reason is very pitiful in our enormously rich country. In many a poorer land one finds graduates employed as a matter of course in institutions providing only a limited service.

The question of where to draw the line in fixing a minimum is a burning one in all countries that have begun to establish a standard. The Victorian association meets it with the requirement, that all candidates for registration shall show:

(a) "That they have been engaged for three years in a general hospital recognized by the council, and having an average of not less than 40 beds occupied daily; or

(b) "That they have been engaged for four years in a country, district, or suburban hospital recognized by the council, and having an average of not less than 20 beds occupied daily; or

(c) "That they have been engaged for five years in a private, country, district or suburban hospital recognized by the council, and having an average of not less than 10 beds occupied daily."

Mrs. Neill of New Zealand writes:

"There is no line drawn by the New Zealand Act regulating the size of hospitals permitted to send up candidates for examination. This has been criticised as a defect, for, naturally, a nurse having been three years in a small country hospital of some twenty or so beds could

not have acquired the knowledge and experience of one trained in a larger hospital. Practically, in New Zealand, at any rate, it seems to work out satisfactorily. It is leading the smaller hospitals to employ registered nurses instead of trying to train local girls as probationers."

Miss McGahey writes of the Australasian Association:

"The council of the association are fully aware of the fact that small country hospitals have not the facilities for training pupils, and they have made suggestions as to the rectifying of this difficulty. Unfortunately, the committees of these hospitals have not adequate funds at their disposal to pay for the services of fully-trained nurses and their only alternative is to pay one or perhaps two trained nurses and take in pupils. When state registration comes, these partially-trained women will fare badly, when they present themselves for examination with fully-trained nurses from up-to-date hospitals."

The Matrons' Council of Great Britain as well as our Superintendents' Society, has discussed this question, and they reach the same conclusion, viz.: that the best solution lies in affiliation. Miss Helen Todd, herself a matron of a special hospital, and writing from the point of view of full sympathy with the small and special hospital says:

"By affiliation I mean the scheduling of the special and smaller general hospitals in groups sufficiently representative of all classes of cases, so that a nurse working through such a group would receive a thorough training in all branches of her profession.

"In my opinion the groups should consist of a general hospital, a fever hospital, one or more special hospitals, in each case the number of beds to be not less than 40.

"One need scarcely point out what admirable surgical work is done in the small provincial hospitals, although comparatively little medical experience is to be gained in them. Here the work of the fever hospitals would come in.

"Affiliation would also prevent the granting of worthless certificates by small and special institutions, and check the increasing number of partially-trained nurses who at present issue from these hospitals armed with so-called certificates."

There is a word to be said to nurses in this connection. If it is important that small institutions should employ more paid nurses it is most necessary that good nurses should be willing to take these positions, which are honorable, useful and responsible, but which are too often looked down upon in contrast with highly paid private duty, under the influence of the commercialism which marks our society.

Another point I want to bring before you is the importance of keeping the practical side of our education predominant,—of insisting that the pupil must not only be taught to know, but that she must be taught to do. The only English argument of the opposition that seemed to me to have anything to it was, that a state examination might tend to pass a woman who had learned from books rather than from practice and experience. This danger does exist; it can be avoided, but it might come to pass unless we are continually vigilant in keeping our standards and our examination practical.

A third point I want to bring before you is the immense influence which nursing journals professionally controlled have had in this movement; I want to note that every such journal—and we have them now in America, Canada, England, Holland, Germany, and Australia, while France has one edited by physicians of a specially progressive type—is consistently and emphatically working for state examination and legal status, whereas the lay nursing press everywhere is either violently opposed or wobbling or not interested.

Finally, I ask you to remember that this is far more than a mere question of what affects nurses. It is a part of the movement toward betterment of general education; it is a part of the movement to elevate women by fitting them for the better performance of their duties. It is a part of the effort to develop the human race and bring it to a nobler type.

It is not only a nurses' affair. It is an educational question. It is a woman's question. It is a part of the vast human advance.

THE AMERICAN TUBERCULOSIS EXHIBITION

By E. N. LA MOTTE

Graduate Johns Hopkins School for Nurses

TUBERCULOSIS NURSE, BALTIMORE

THE American Tuberculosis Exhibition was held in the Museum of Natural History, New York city, and lasted for two weeks, from November 27, to December 8, 1905. It was organized under the auspices of the National Association for the Study and Prevention of Tuberculosis, and of the Committee on the Prevention of Tuberculosis of the Charity Organization Society of New York, and was "planned as an educational measure in the present widespread campaign against Tuberculosis" to show by means of diagrams, photographs, charts, models and the like the various methods which are being adopted throughout

this country and in Europe for the prevention and relief of the disease. On the night of November 27, the exhibition was formally opened to the public, the principal address being delivered by Mr. Talcott Williams, of Philadelphia, and brief addresses being also made by the Mayor of New York, the Commissioner of Health, Dr. Darlington, and by the president of the museum, Mr. Morris K. Jesup. From time to time during the two weeks of the exhibition special meetings were held in the large lecture hall of the museum, addresses on special subjects being made by prominent physicians and others. One meeting was devoted to tuberculosis and the trades, another was especially for physicians, and another was arranged for the teachers of the public schools, etc.

A room in the museum was given up to the exhibition itself, the large cases in it being covered with burlap, upon which were fixed the photographs and other exhibits sent from a variety of sources, including sanatoria, hospitals, visiting nurse associations, the health departments of different States, societies for the prevention and control of tuberculosis, the Consumers' League, the Tenement House Commission, etc., and which were well arranged to attract the attention of the visitor.

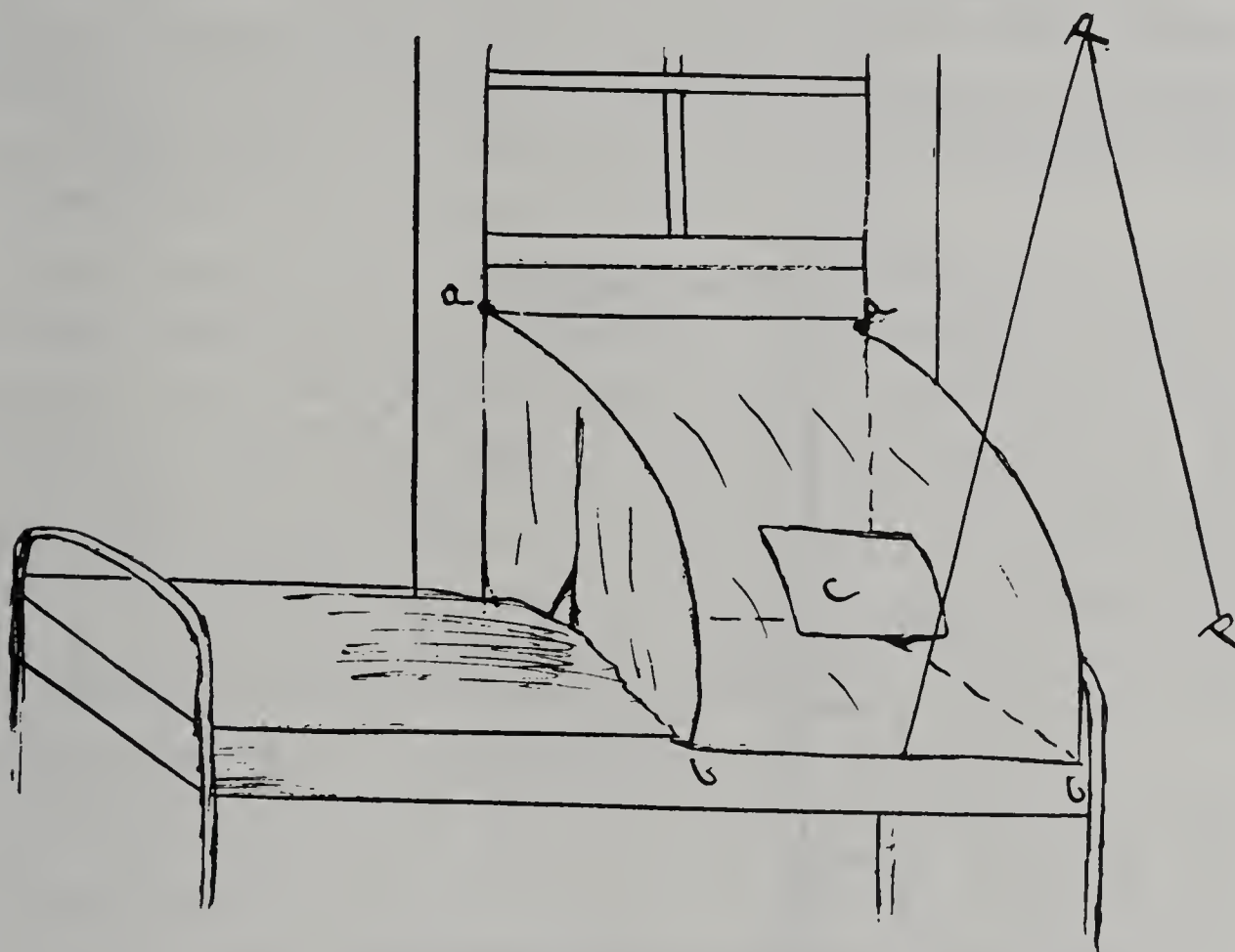
The displays sent by the different sanatoria formed perhaps the largest class. Among those represented were Dr. Trudeau's Adirondack Cottage Sanitarium, White Haven, the Agnes Memorial at Denver, and a score of others. Their exhibits were in the main alike, and included numerous photographs of the buildings and shacks, ground plans of the same, and in some instances little models of the shacks and tents themselves. Also history blanks, charts, and the means of keeping records, etc. There were a few full size shacks and tents, and these exhibits were of special value to those interested in sanitarium construction.

The New York Board of Health had a very large and complete display of all the methods it is adopting to rid the city of tuberculosis, which included photographs of the laboratories, fumigating apparatus and the like, and all the printed blanks and forms used for reporting cases of tuberculosis to the various people and departments concerned. Noticeable among these was a copy of the printed notice posted on the door of every house or apartment vacated by a consumptive, which notice, forbidding occupation by another tenant, remains posted on the door of the house until the premises are fumigated. There was also a copy of the notice sent to a landlord, informing him of the occupation of one of his houses by a consumptive, and containing a request that he notify the health department when this tenant dies or moves away. The Maryland State Board of Health had an excellent exhibit of charts, diagrams,

and statistical tables, which were unfortunately not seen to good advantage as they were contained in a portfolio instead of being posted on the walls, where their positions would have been most striking. Two diagrams done in black and red, representing droplet infection and dust infection, by which the disease is conveyed from one person to another, were most graphic, yet there were probably few persons who knew that such a chart was to be seen.

Dr. Knopf's window tent attracted a great deal of attention, and appealed equally to the layman and the medical profession by reason of its extreme simplicity and excellence. A small model, as well as a full size one, showed the workings of this bed tent, a light iron frame covered with canvas, by means of which, (the patient's bed being placed close along the window) all the fresh air from the open window was concentrated directly on the patient himself. This can best be understood by consulting diagram.

The purpose of the tent is described as follows:



EXPLANATION OF DIAGRAM

a b, iron rods for support of canvas; *a a*, point of attachment of rods to window frame; *b b*, point where rods rest on edge of bed; *c*, celluloid window to permit patient to look into room; *p p*, pulley rope for raising frame of tent, to permit access to patient. Hinges of frame at *a a*.

DR. S. A. KNOPF'S WINDOW TENT FOR THE FRESH AIR TREATMENT OF
TUBERCULOSIS PATIENTS

Dr. Knopf's window tent is designed for the purpose of enabling the patient to breathe the outside air, day and night, though remaining in his room. The air of the room does not mingle with the air breathed by the patient in the tent.

Only the face of the patient is exposed to the cold; the rest of the body is kept thoroughly warm.

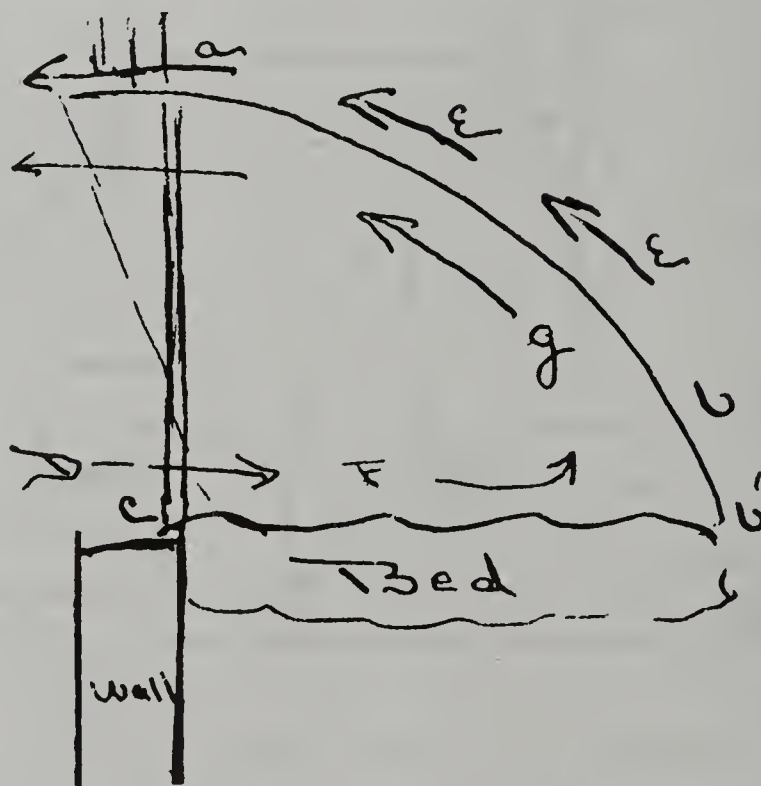
The window tent does not attract any attention from the outside.

The tent can be raised by means of a pulley when it is desirable to get access to the bed.

Through the celluloid window of the tent the patient can be watched by the nurse and he himself can look into the room and see what is going on.

Placing the bed near the window for the open-air treatment makes the prolonged rest-cure less tiresome and less uninteresting.

The window tent can be put in any room, and in winter, when the patient's room must be occupied by others besides himself, it has the advantage of limiting the amount of cold air coming into the room, while the patient receives all the cold and fresh air he needs.



EXPLANATION OF VENTILATION

a b, represents roof of window tent; it rests on the bed at *b'*. The tent is attached to frame of window at points *a c*. *D* is the outside cool air, and *E* is the air in the warm room. The warm air will go in the direction of *b a*, and cool air will enter in the direction of *d f*, causing a constant change. The patient's own expired air, rising to the roof of the tent, adds to the circulating current of *d* and *f*.

The cost of the tent, which can be made anywhere, is about \$12.

One of the most striking charts in the exposition was a large outlined map of Europe, with large dots along the seacoasts of the different countries. Underneath it was written: "Europe has 81 hospitals for the Sea Air Treatment of Tuberculosis of the Bones and Glands. The United States has 1." Another conspicuous poster, given a very prominent position in the centre of the room, so that all who entered might see it, seemed to particularly attract the attention of the public. It read:

"WHEREAS, There is not any specific medicine for tuberculosis known, and the so-called cures and specifics and special methods of treatment widely advertised in the daily papers are in the opinion of this committee without special value and do not at all justify the extravagant claims made for them, but serve chiefly to enrich the promoters at the expense of poor and frequently ignorant or credulous consumptives; therefore,

"*Resolved*, That a public announcement be made that it is the unanimous opinion of the members of this committee that there exists no specific medicine for the treatment of pulmonary tuberculosis, and that no cure can be expected from any kind of medicine or method except the regularly accepted treatment which relies mainly upon pure air and nourishing food.

"THE COMMITTEE ON THE PREVENTION OF TUBERCULOSIS OF THE CHARITY ORGANIZATION SOCIETY.

"Resolutions adopted January 13, 1903."

The societies for the prevention and control or relief of tuberculosis were well represented, and showed statistical tables, leaflets of instruction, etc., which were of great interest. Among these societies were those of Maryland, Boston, Newport, and Minneapolis, etc. The Henry Phipps Institute of Philadelphia had a large exhibit explanatory of its methods and accomplishments, and a pathological exhibit of great interest. The Phipps Dispensary of the Johns Hopkins Hospital had a series of photographs and books containing history sheets, and charts, etc., showing the work being done there, as well as a display of nursing appliances used by the tuberculosis nurse of the dispensary.

Several visiting nurse associations were represented, the Tuberculosis Committee of the Visiting Nurse Association of Chicago showing a most excellent and striking series of charts, representing the wards of the city, in streets and blocks, and in which the cases of tuberculosis were picked out by black headed pins. Some of these blocks were so thickly studded with pins, representing consumptives, that it seemed as if the old saying "not room for a pin between them" must be literally true. The Instructive Visiting Nurse Association of Baltimore, and the Visiting Nurse Associations of Cleveland and Boston, were also

represented, showing a series of charts, photographs, leaflets and nursing appliances illustrative of the work each was doing. The Orthopædic Department of the Vanderbilt Clinic had an interesting exhibit, showing by means of small models the different methods of applying corrective apparatus such as plaster jackets, hip casts, extensions, etc. The manufacturers had also good exhibits, including all forms of sputum cups, from the very simplest up to the most elaborate and expensive, as well as the different kinds of pocket flasks, handkerchiefs pockets, fillers, etc.

The most excellent exhibit, however, was that of Miss Damer, in charge of the outside tuberculosis nurses of the Bellevue and allied clinics, by which she showed most graphically the conditions in which tuberculosis is bred in New York city. This consisted in the exact reproduction, (size, shape, etc.) of a room in a New York tenement house, the room occupied by a consumptive and showing the conditions found by the nurse on her first visit. Next to it was the same room remodelled. The first room (about eight feet square) contained no window, and the paper hung from the wall in strips. A disordered bed, piles of dirty clothes on the floor, and a washstand containing an assortment of unwashed and broken dishes completed the furnishing of this squalid interior, which the visitor could only examine by means of an electric lantern. The sign over the door read "Typical dark interior bed room, one of 360,000 in New York city, as the visiting nurse finds them."

Next to this was a model of the same room after alteration—a window cut in it, in accordance with new tenement-house laws, bed made and everything neat, clean, and in order, after the visits of the nurse. This was a realistic method of bringing before the public certain conditions under which tuberculosis is produced; and it attracted the attention it deserved.

Along the same line, *i. e.*, showing the conditions that breed tuberculosis, were the photographs sent by the Consumers' League and by the Tenement House Committee of the Charity Organization Society. These showed the interiors of New York sweat-shops, the over-crowding of bedrooms, the herding together of numbers of people, sick and well, in rooms containing no ventilation and almost no light. Tenement life in its various phases was graphically illustrated, and little models of city blocks of tenement houses served further to emphasize the fact that the extermination of tuberculosis is a social rather than a medical problem. Nine-tenths of the whole exposition were taken up by plans and designs of elaborate and costly institutions, and of methods and means intended for the *cure* of tuberculosis; about one-tenth that giver

to the Consumers' League and the Tenement House Department, illustrated the conditions forcing its production and distribution. The hospital facilities of New York city provide for the care of about 1,500 consumptives. The social conditions which favor the growth and spread of the disease, in the case of *windowless bedrooms alone*, are present to the number of 360,000. The chief educational value of the whole exposition lay in the significance of this contrast.

THE AMERICAN TUBERCULOSIS EXHIBITION

By ANNIE DAMER

Nurse in Charge of Outdoor Tuberculosis Relief Work of Bellevue Hospital;
Graduate Bellevue School for Nurses

WISE men tell us that among the aboriginal inhabitants of any country tuberculosis was unknown. No history or tradition gives account of cough, expectoration or hemorrhages among them. Plenty of fresh air, freedom from worry and fatigue, no changes of diet except such as the seasons gave them, to bed with the sun and rising with the same, year after year, they lived on until Mother Nature called them or an enemy speeded them on their homeward way.

In the great building of the American Museum of Natural History in New York city there is gathered one of the greatest collections in the world of anthropological relics, totem poles, skin canoes, models of Indian tents, and cliff dwellings, clothing, household utensils and weapons of war and the chase. In the midst of them for two weeks recently, from November 27 to December 9, there was arranged a display of the weapons and utensils of modern philanthropy against one of the products of our present-day civilization,—“The Great White Plague.”

New York city, with its 30,000 victims of tuberculosis, takes the leading part in the display as it has taken the lead through its Health Department in the movement for the prevention of tuberculosis. A complete exhibit was made of the Department's manifold work,—cards, charts, circulars, showing method of compulsory registration, inspection, fumigation, free clinics, and pictures of the new municipal sanatorium and plans of the city's large tuberculosis hospital to be built on Staten Island. The Tenement House Department showed models of new

tenements, with courts 24 feet wide, and every room lighted, hall with broad stairs, and windows on every landing, now required in all new houses. Side by side were models of old tenements, "double-deckers" and "dumb-bells," dark and noisome, through many of which the district nurse still stumbles. Two rooms attracted much attention, one a dark interior bedroom, with the significant inscription that there are still 360,000 similar ones in New York, crowded with dilapidated old furniture and clothing, in which children are born and men and women die crying out for God's free air, which is denied them. The other room had a large window cut into the wall and was fitted up with plain simple furnishings, showing how it can be changed with the help of the visiting nurse and the orders of the Tenement House Department. These rooms were arranged by the visiting nurses of Bellevue and allied hospitals. Across the hall was another exhibit made by the visiting nurses of Baltimore, pictures showing advantage taken of verandas and back yards, sleeping- and wheel-chairs; a model tent from Johns Hopkins Hospital, and nurses' bags from there and from Cleveland; models of lightness and cleanliness, made of straw, lined with oiled muslin, which could be removed. Boston sent leaflets and reports, and a large exhibit was shown by the Committee of the Visiting Nurse Association of Chicago. Maps of the different wards showed in a very graphic way the distribution of cases. Philadelphia showed what is being done at the Phipps Institute and White Haven Sanatorium. Boston remembers the patient after his return apparently cured, and provides a visitor to secure proper employment, and has a day camp for those who cannot go away.

Maps of Europe with little red dots all round the coasts of France, Italy, Belgium, here and there in England and Spain, showed where seaside sanatoria for children are located. Our country made a poor showing in comparison with its one institution on Coney Island—Sea Breeze, supported by the Association for the Improvement of the Condition of the Poor of New York. Shacks and tents of all descriptions were shown by models; old street-cars fitted up in New Jersey, and beautiful cottages at Liberty and Dr. Trudeau's Sanatorium at Saranac Lake, costing from \$250 to \$4,000.

Vanderbilt Clinic had a case of dolls with all manner of adjusted plaster casts for tuberculosis of joints and bones. Each doll's comfort was immeasurably increased by a strong ribbon "scratch band" inserted next the skin with ends hanging above and below to be drawn up and down to relieve the feeling of itchiness and general uncomfortableness. Window tents and all manner of sputum cups were displayed. A great

object lesson was the system of ventilation, always cool and comfortable while other parts of the building were almost unbearably warm. Several lectures were given—one evening under the auspices of the American Federation of Labor; another, to physicians by men prominent in the movement for prevention of tuberculosis, such as Dr. E. L. Trudeau of Saranac, the pioneer in America; Dr. Frick, of the Phipps Institute in Philadelphia; Dr. Bowditch, of Boston, and Dr. Evans, of Chicago. A third lecture was given to the teachers of the public schools. A great part of the Exhibit was sent immediately to Boston and will later be exhibited in Philadelphia. A travelling exhibit patterned after this larger one will be installed in New York, beginning at Grace Church Parish House, January 3, and remaining at least two weeks in each place.

The lesson from the whole exhibit is the old, old one that "Prevention is better than cure." If you do not want to have tuberculosis go out of doors, live rationally and sensibly, and give others a chance to do the same.

ACTION OF ALCOHOL UPON THE CIRCULATION.—The *Boston Medical Journal* says: "In its tenth volume the National Academy of Sciences published 'a research upon the action of alcohol upon the circulation,' by Drs Horatio C. Wood and Daniel M. Hoyt. Basing their results upon an elaborate series of experiments, the following conclusions are reached: Alcohol does not seriously affect blood pressure in the normal animal; elevates the blood pressure after vaso-motor paralysis from action of the cervical cord; increases enormously the rate of blood flow; directly stimulates the heart; therefore, the general action upon the circulation of the moderate dose of alcohol is great increase in the rapidity of the circulation caused by cardiac stimulation, with vascular dilatation due to depression of the vaso-motor centers. The writers think that the conclusions which they have reached tend to throw much light upon the practical problem of the therapeutic uses of alcohol, since they indicate that certain results supposedly due to direct action of the drug are secondarily produced by the increase of the activity of the circulation. There is at present no sufficient proof that alcohol acts as a direct cerebral stimulant, nor, except in very rare instances, does it augment the working power of the brain. The well-recognized brilliancy of conversation and apparent cerebral stimulation, which alcohol induces, is due not to the direct action of the drug upon the brain, but to the greatly increased cerebral circulation."

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



THE SURGICAL ASSISTANT. A Manual for Students, Practitioners, Hospital Internes and Nurses. By W. Brickner, B.S., M.D. Price \$2.00. New York: International Journal of Surgery Co., 100 William St.

Almost every great surgeon nowadays has some small details in operating technique peculiar to himself and the wise nurse or assistant is the one who is able to adapt herself at once to the requirements of the operator. For this reason it is well to know not only the methods of one's own clinic or hospital but to note and observe wherever we have the opportunity elsewhere. Dr. Brickner puts the nurse last in the list of those for whose benefit he writes, but we venture to predict that "the last shall be first," in this case, for the book is one sure to make itself popular and become a necessity in the nurse's library.

The book is divided into two parts and an appendix. The second part, including chapters XI to XXV, is written with reference to the surgical assistant proper, or the second surgeon. The first part, chapters I to X with the appendix is, for the surgical nurse, the best practical manual that has so far come to our notice. Apart from its value as a practical teacher, the book possesses a more than common literary merit; it has style; it is such readable matter.

MEDICAL ELECTRICITY AND LIGHT TREATMENT. A Practical Handbook For Nurses. By Kate Neale, Sister-in-charge of the Actino-Therapeutic Department, Guy's Hospital. London Scientific Press, Ltd., 28, 29 Southampton Street, London.

We are glad to have from Miss Neale so interesting a description of the theory of medical electricity and light treatment as she gives us in her very readable little book on this subject. She claims to follow closely the larger text-books on medical electricity, but she has eliminated much that was, to the general reader, confusing and mystifying; we are very much the gainers who read Miss Neale's adaptation of the greater writers. There is withal a very comprehensive treatment of the subject, and while the book has a value peculiarly its own for nurses and students it will probably find many readers among lay folk, especially that large class who find pleasure and profit in the so called popular-science literature.

PRACTICAL MASSAGE IN TWENTY LESSONS. By Hartvig Nissen, Instructor and Lecturer in Massage and Gymnastics at Harvard University Summer School; Director of Physical Training, Brookline Public Schools; Former Acting Director of Physical Training, Boston Public Schools; Former Instructor of Physical Training at Johns Hopkins University and Wellesley College; Former Director of the Swedish Health Institute, Washington, D. C., etc., etc. Author of "Swedish Movement and Massage Treatment," "A, B, C of Swedish Educational Gymnastics," "Rational Home Gymnastics," etc. With 46 Original Illustrations. 168 Pages. 12mo. Price, Extra Cloth, \$1.00, net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

The author offers in the present volume the result of thirty years' experience as a masseur, but one feels that Mr. Nissen must have experience reaching further back than thirty years. There is a hint, some way, that he claims the privilege of old age, otherwise how account for the belligerent attitude he takes toward the medical profession—the dogmatic prescription, etc. We are wont to look upon the masseur as one who carries out the prescription, not he who gives it, or decides if it is to be given. It seems heresy to suggest it, glancing at the author's testimonials, but the book leaves a taste of quack! quack!

ROSE OF THE WORLD. Agnes and Egerton Castle. Fr. Stokes & Co., New York.

Who has read it? Who is willing to confess that they have enjoyed this most charmingly romantic novel? If it needs any defense, let us claim that the excellent doctor, W. Chatelard, teaches the nursing of a most peculiar and interesting case of shock. But this is giving an impression that may be objected to by healthy folk; and after all there is no reason for excusing oneself for reading "Rose of the World." The plot is decidedly original. A beautiful young widow, married and apparently having outlived her earlier experiences, falls in love for the first time in her life with her dead first husband. This rather gaunt and startling plot is set like a strange cactus in the midst of a blooming flower-bed, but we all know that the cactus when it blooms is a thing of beauty itself, so the plot here becomes the chief beauty of the book. The surrounding characters fall away; get married; fade off the scene, and leave only the dead man alive with his beautiful bride on their real wedding-day.

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



Dr. Anna Hamilton, the head of the Protestant Hospital in Bordeaux, France, who has been for years the only physician in France who has known how to have nurses trained thoroughly in a practical way, and whose school at Bordeaux is the model training-school of that country, sends us a couple of photographs of her nurses, with some interesting details of French ways. She says:

“It is a general mistake in France to send would-be nurses to be trained by just walking through the hospital with the doctors. When I was in Paris I went to a hospital where some pupil nurses were coming for their training. The ward was dismal—such a row of small, dirty beds, with little children looking so sad and lonely. The three probationers talked with the students; one sat down and read; it was some time before I realized that they were probationer nurses. When the chief came they followed with about fifteen students and I thought they were medical students. They listened to the doctor who sounded patients, looked at wounds, etc., and then were present at an operation. One young man explained to a probationer all sorts of scientific details about the operation, and she tried hard to understand. When the chief left they all went off, too.

“I could not but wonder what nursing they might have learned in that badly-kept ward, and uncleanly operating theatre, where an ‘*infirmière*’ who had only a Holland blouse on over her chemise coarsely amused the students—such joking and such laughing! No, I do not approve of these methods.”

Dr. Hamilton has lately had Miss Lückes’ text-books on nursing translated into French, as there are no works on practical nursing in the French language. Dr. Hamilton herself has written much on nursing principles and on the true way of training. Hers is the slow and difficult task of educating the medical and lay public.

The laicisation of the French hospitals is still going on. Two military hospitals, those of Grenoble and Caen, and two civil hospitals of Amiens, have recently undergone a reorganization of the nursing staff.



NURSES' SITTING-ROOM AT PROTESTANT HOSPITAL, BORDEAUX



MATERNITY WARD, PROTESTANT HOSPITAL, BORDEAUX

The Red Cross in Kiel, Germany, is offering a course of special instruction to nurses who desire to take charge of hospitals or mother houses of the Red Cross. The course lasts five months and comprises anatomy, physiology, physics and chemistry, dietetics, massage and Swedish gymnastics, bookkeeping, ethics, insurance and poor-laws, hospital administration, history of nursing, and French and English conversation, with a general survey of charitable institutions and their work. The sisters taking this course are expected to have a good general education, and at least two years' active work as nurses. The central committee of the Red Cross gives a diploma at the end of the course.

There is to be an American hospital and training-school for nurses at Constantinople, says the *Medical Journal, of New York and Philadelphia*. Trained nurses are greatly needed in the Turkish empire, both for foreign and native residents.

The regulations for the new city hospital in Düsseldorf, Germany, now published, show that the training of nurses and the general nursing scheme will be on a highly progressive and advanced plan. The hospital will be extremely beautiful, and is called the Garden City. It will accommodate 1,000 patients, and is built on the separate pavilion plan, occupying thirty-five acres of grounds laid out with the most luxuriant beauty. The training course will be two years, and there will be permanent head nurses, assistants, and a superintendent of nurses.

An interesting account of Japanese nursing and hospitals has lately appeared, being a book written by Mrs. T. E. Richardson, an English woman, and published by Wm. Blackwood and Sons, Edinburgh, called "In Japanese Hospitals During Wartime." This book gives more details as to Japanese nurses than, probably, are to be found anywhere else, and with Miss Ethel McCaul's book "With the Japanese War Office," also published in England, will give a full picture of Japanese hospitals.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



TREATMENT OF OLD ULCERS.—The treatment of old ulcers by ultraviolet light (says *American Medicine*) has been successful in the hands of Dr. Axmann, of Erfurt. The rays are applied a half hour at a time for six or more days. It is said that healing begins quite promptly and even during the application of the rays the ulcers become dry and red. The rays are markedly anesthetic so that pains promptly disappear—a result which also follows similar application to uterine cancers. As infected fresh wounds are also said to be practically disinfected by these applications, it is quite evident that this newest of therapeutic agents is destined to play an important part in our future surgical technic. The possibilities are so great that it would be desirable to have the matter taken up in earnest in America.

A lamp for the application of ultraviolet rays has been invented by Dr. O. Schott. By its means a cool, intense ultraviolet light can be secured. It can be held close to the skin, as there are no heat rays, but it produces intense inflammation if held there too long. The enthusiasm aroused by this new lamp would seem to indicate that it is of considerable value. The experiments seem to indicate that these rays are far more powerful than even Finesen suspected.

THE CURATIVE TREATMENT OF PNEUMONIA.—Dr. Charles E. Page, of Boston, in an article in the *Medical Record* advises the application of cold to the chest and abstinence from food, with the administration of ample quantities of water, as a treatment producing excellent results in the cure of pneumonia.

“In incipient pneumonia, at the very beginning of malaise and difficult breathing, the application of a heavy cold compress over the entire chest in front, well covered with dry folds of towel, very soon aborts the disease. The procedure is very simple, indeed. A large towel, coarse linen or cotton, is folded lengthwise in the middle, then folded crosswise in the middle, and one-half the length of this four-ply towel is wrung tightly from ice-water, or the coldest obtainable, and again folded crosswise, so as to give four thicknesses of damp towel next the

skin, and the same, dry, outside. This for a robust adult. For a delicate person or a child I use two thicknesses only of damp towel and two, dry, outside. A single towel of right size, folded lengthwise, one-half wrung tightly from ice-water, and folded crosswise, and applied as above directed. Or, a smaller towel may be folded two-ply, and wrung out and applied with another dry, two-ply, as a wrapper. Two sets of damp towels may be employed, one kept on ice while the other is getting hot thus the changes can be made more readily.

“As already remarked, the damp folds should be freshened as often as they become at all hot, whether this be in ten, twenty, or thirty minutes. At first, in severe cases, the changes will be as often as every eight or ten minutes, the intervals lengthening more and more as the inflammation subsides, and breathing consequently becomes deeper and easier. When the patient is able to breathe naturally, and the compress no longer becomes hot, and before it is felt to be an uncomfortable treatment, this local cooling should cease.”

Fresh air is freely admitted and no drugs are given.

AGAR IN HABITUAL CONSTIPATION.—The *Journal of the American Medical Association* in a synopsis of an article in *Münchener med. Wochenschrift* says: “Schmidt believes that chronic constipation in certain cases is due to the unusually good digestion and utilization of the food, leaving so little residue to be passed along that the intestines are not incited to peristaltic action. The residue being so small, there is very little putrefaction, not enough to stimulate the intestines to peristalsis by the gases and other products evolved. The feces in chronic constipation of this kind are hard, solid lumps, with little odor, and show few indications of fermentation or putrefaction. Aside from the difficulty in defecation and the accessory neurasthenic general manifestations, such individuals rejoice in undisturbed good health, not disturbed by gas formation or other phenomena suggesting excessive putrefaction. Such patients can take, without much reaction, a purgative which would cause protracted diarrhoea in others. What is needed is something that will increase the bulk of the stools and make them softer, more watery and less compact. Schmidt thinks that this result may be obtained with agar-agar. It contains 0.6 per cent. cellulose, and when it swells up in water it gives up the water very slowly and is not modified by putrefaction. He uses the kind that comes in long strips, and flakes and cuts it up into small bits, like scales. It swells in the

mouth and still more in the stomach, and appears unmodified in the stools. The stools become softer and more watery, and are usually passed much more readily. The agar does not irritate the alimentary canal in the least (as much as 25 gm. of the dry agar were taken daily in some of the tests without disturbance). When ingested in the form of a powder it is liable to cause diarrhoea and occasionally colic, probably from the more rapid and intense swelling of the agar. The stools become soft and copious, but the intestines have been so long accustomed to the constipation that they do not respond readily to stimuli. Consequently, although the stools have the normal aspect they are not passed spontaneously in every case. To remedy this he added a very small amount of a 25 per cent. aqueous extract of cascara to the agar—not enough to have a purgative action, but merely enough to supply the stimulation realized by the natural putrefaction in normal stools, but missing in these cases.”

Dr. Herman A. Bear, in a paper on constipation in the *New York and Philadelphia Medical Journal*, recommends rubbing about 45 grains of powdered boric acid into the previously washed mucous membrane of the anus. When the mucous membrane cannot be seen at the anus the powder must be insufflated. In about three hours strong peristaltic movements are observed, resulting in three or four evacuations a day.

THE PERMEABILITY TO BACTERIA OF SURGEONS' RUBBER GLOVES.—The *Medical Record*, quoting from the *American Journal of the Medical Sciences*, says: “Herbert Fox and Edward A. Schumann as a result of their experiments conclude that rubber gloves are absolute barriers, against wound infection by the hand of the surgeon in so far that they are absolutely bacteria proof. Any infection which occurs must be introduced into the wound from some point not protected by a glove. In one of these experiments whole gloves were placed in bouillon about half-way to the wrist and bouillon poured into three to the same height. The gauntlet was turned over the edge of the flask and tightly tied; a breaker was inverted over the cotton stopper to avoid any risk of external infection. Unless the glove is greased at the surface which comes in contact with the cotton, the rubber will pull when the stopper is removed. Sterilization was accomplished in the Arnold apparatus, three days being devoted to this process. The bouillon within the gloves was then inoculated with *B. coli communis* and *Staphylococcus pyogenes albus* and allowed to grow forty-eight hours. Cultures were then made

from within and without the gloves. Those from within showed a pure culture of the germ. The latter were sterile. Like results followed the repetition of this experiment."

ADJUNCT TO FRESH-AIR TREATMENT FOR CONSUMPTION.—The *Journal of the American Medical Association*, in a synopsis of a paper in *Medicine*, Chicago says: "There are many reasons, says Carpenter, why persons suffering from pulmonary tuberculosis can not leave their home for a more suitable climate. To give such patients all the fresh air possible and permit them to remain indoors, Carpenter devised an apparatus of simple construction, which consists of tubes large enough for the passage of air at normal air pressure, and light enough to be easily handled. The face piece, or mask, can have a transparent front, and is supported by a net cap, which will hold it firm in all positions. Large valves control the passage of air. The tubes are composed of coiled aluminum wire, covered with a light fabric which is impervious to air. These tubes are conducted to a panel which is fitted in an open window, with a suitable aperture to receive it, and a protecting hood on the outside. Openings can also be made through the outside wall of a bedroom to the outer air, choosing a side where the sun shines. The tubes may be detached from the opening, and the opening closed, and the apparatus can be carried to another part of the house and attached to an opening through the wall or panelled window. The mask is so arranged that it can be detached from the net cap, which is convenient in case of a desire to cough or to expectorate. The inhalation tube can be large and contain the exhalation tube, so that but one tube is in sight, and yet all exhalations are carried to the outside of the house. With this contrivance it is possible for patients to have fresh air, no matter what the state of the weather. They can also enjoy a sun bath in a superheated room, if desired, and inhale fresh air at the same time."

DISCLOSURE OF PROFESSIONAL INFORMATION.—Chapter 331 of the Laws of New York of 1905 amends Section 834 of the code of civil procedure to read as follows: A person duly authorized to practice physic or surgery, or a professional or registered nurse, shall not be allowed to disclose any information which he acquired in attending a patient

in a professional capacity, and which was necessary to enable him to act in that capacity; unless, where the patient is a child under the age of 16, the information so acquired indicates that the patient has been the victim or subject of a crime, in which case the physician or nurses may be required to testify fully thereto on any examination, trial or other proceeding in which the commission of such crime is a subject of inquiry. Nothing in this act contained shall affect any actions or proceedings now pending. This shall take effect September 1, 1905.

AID TO PROGNOSIS IN TYPHOID.—The *Journal of the American Medical Association*, quoting from the *British Medical Journal*, says: "For the last nine years Simon has made daily observations of the amount of urine passed by every patient suffering from enteric fever. He found that polyuria occurred not only in every case that was doing well, but also in many cases of great severity in which no general improvement or amelioration of symptoms could be observed. He also found that even in severe cases, if polyuria occurred, the patients all recovered. In no cases in which polyuria was noted has he known perforation to occur, and in no case has hemorrhage of any moment ever occurred after polyuria had been established. Furthermore, relapses occurred only rarely when polyuria had once begun."

THE SYSTEM OF AMERICAN HOSPITAL ECONOMY.—Arpad G. Gerster, in discussing this subject in the *Medical Record*, compares the daily cost per patient in different hospitals in this country and in Europe, the result showing that in America the outlay is much greater. These facts serve as arguments in favor of the view that in order to meet successfully the conditions now existing when the large hospitals usually show an annual deficit, retrenchment is the proper remedy, and not an appeal for greater liberality on the part of the comparatively few philanthropists, who furnish most of the funds for the hospitals. Analyzing the conditions which underlie the extravagance and waste in hospital management in this country, he emphasizes the necessity for more active participation in the executive control by the members of the medical staff.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

COURSE IN HOSPITAL ECONOMICS.

THE list of students in Hospital Economics given in the October JOURNAL was not complete.

Miss E. Harcourt, of the Buffalo General Hospital, is a member of the class, and Miss A. L. Smith is from Cincinnati City Hospital.

Consideration of the two-years curriculum changes the registration somewhat from that of former years. It is possible now to take advantage of that long-desired opportunity of leaving the practice teaching until after the course in methods of teaching has been completed. No point of progress has been made since the first class was organized that is of greater importance than this. The reasonableness of expecting to obtain far better results is evident and that, too, with much less strain on the part of the student, which is no small matter.

This, of course, can only be done by those who register for the two years at the start. But then, again, we have help of most vital importance for those taking the one-year course in the class of methods given by Dr. McMurry before they begin their practice teaching. Several of the students are unable to stay for the two consecutive years but fully intend to return at some future time and complete their studies. Special work in physical education has been arranged for the class. We expect this not only to help them personally, but some consideration will be given the question of directing pupil nurses in taking beneficial exercises.

Another change is directly due to a small increase in funds at our disposal, which enables us to meet the expense of two or more trips for each lecturer of the course, in this way giving the students an opportunity of assimilating what they get rather than crowding three or four hours of extra work into an already busy day. It will surely be more satisfactory to the lecturer as well as to the students.

Miss Banfield has been with us three times instead of one and Miss Dock will meet us four days, giving a one-hour lecture each day. We have just received a number of photographs of the new home for nurses of the Polyclinic Hospital from Miss Banfield. We have ample room to place on file any such material. It not alone is of interest to our students but of great value. We are in need of much more and hope other friends of the course will aid us in making a large collection. Ground plans and floor plans of all departments are particularly valuable. May we even suggest that blue-prints would be most acceptable?

Money received since the last report:

| | |
|--|----------|
| Boston City Alumnae Association..... | \$100.00 |
| Mrs. Edmund Kelly..... | 5.00 |
| W. Penn. Alumnae Association..... | 10.00 |
| Pledges not previously reported: | |
| New York Alumnae Association (annually for five years.) | 25.00 |
| Brooklyn Homœopathic Alumnae Association (annually for five years.) | 10.00 |

ANNA L. ALLINE.

STATE MEETINGS

WASHINGTON, D. C.—The Graduate Nurses' Association of the District of Columbia held a special meeting December 20, 1905, to discuss necessary changes in their bill for registration.

The president, Miss Nevins, made a brief address to the nurses stating the object of the meeting, the need of all working and all working together if the object of the association was to be accomplished, of the elevation of standards of nursing in states where registration is required. She also called attention to the value of the *AMERICAN JOURNAL OF NURSING* as keeping the nurse in touch with the progress of registration in other states.

The chairman of the legislative committee, Miss Greenless, in her report read a list of objections made by the District Commissioners to the Nurses' Bill for Registration. First, to the appointing of a board of nurse examiners by the Nurses' Association; to the association not having a charter from Congress; that the association was not a representative organization as the membership comprised only a small portion of the women nursing in the District.

Second, that no provision was made for non-graduate nurses; the Commissioner was of the opinion that this class should be provided for in some way. It was suggested that a bill combining the good points of both bills, the Nurses' and the Commissioners', be drawn up. If there were only one bill it would stand a good chance of passing this session of Congress.

The Commissioners' objections were taken up separately and discussed in an animated manner.

The Association decided to insert a clause in their bill providing for the registration of non-graduate nurses for a limited time, the conditions being left for the legislative commissioners to arrange.

The desirability of the association appointing an inspector of schools and a provision for the same being included in the bill was considered favorably, after much discussion. Several letters from state boards advising it were read, also an extract from Miss Cameron's paper in the August *JOURNAL* on Examining Boards and their power relating to the difficulty the New York board are experiencing from lack of the provision in their bill for an inspector of schools.

Several applications for membership were reported.

BERTHA ORLO-SMITH, Secretary.
1316 Q St. N. W., Washington, D. C.

OHIO.—The second annual meeting of the Ohio State Association of Graduate Nurses was held in Cleveland, October 19, 1905, at the headquarters of the association the Gooderich House (Social Settlement).

The meeting was called to order by the president, Miss Mary Hamer Greenwood, of the Jewish Hospital, Cincinnati. The introduction was made by Rev. Chas. D. Williams, dean of Trinity Cathedral, and the address of welcome was delivered by Miss E. M. Ellis, of Lakeside Hospital, Cleveland.

Reports were read from different organizations of nurses throughout the state. Membership in all of them showed marked increase.

The address of the president gave a full exposition of the difficulties to be encountered in securing state registration in Ohio. A new bill following closely the lines of the one presented to the association last year, was read. A free discussion followed. It was moved that a committee on legislation be appointed

by the chair. The following were appointed with power to act and to add to their number: Miss E. M. Ellis, Lakeside Hospital, Cleveland, chairman; Mrs. Hunter Robb, Cleveland; Miss M. Hamer Greenwood, Cincinnati.

A luncheon was served at Gooderich House by the Graduate Nurses' Association of Cleveland. A reception was given by the Board of Lady Managers at the Lakeside Hospital. At the evening session Miss Annie Damer, president of the National Alumnae Association, addressed the meeting on state registration. The association received a most cordial invitation to hold its next annual meeting at Dayton, Ohio.

The following officers were elected: President, Miss Crandall, Dayton Ohio; first vice-president, Miss Greenwood, Cincinnati, Ohio; second vice-president, Miss Ellis, Cleveland, Ohio; third vice-president, Miss Fisher, Cincinnati, Ohio; fourth vice-president, Miss Johnson, Cleveland, Ohio; fifth vice-president, Mrs. Kashaw, Columbus, Ohio; sixth vice-president, Miss Meade, Toledo, Ohio; treasurer, Miss Dol, Columbus, Ohio; Secretary, Mrs. E. Mason Hartsock, Springfield, Ohio.

After a rising vote of thanks to the Cleveland Association for their cordial hospitality, adjournment was made until the third Tuesday in October, 1906, the meeting to be then held in Dayton.

(Mrs.) ELIZABETH MASON HARTSOCK,

Secretary.

[This report has been received just in time for the February issue.—ED.]

CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held in Waterbury November 8, 1905, and was one of the most successful that the Association has held since its organization. A large and representative gathering met in the lecture room of the Second Congregational Church and the meeting was called to order by the vice-president, Miss Alice Gorman, of Bridgeport, in the absence of the president, Mrs. Fuller, of Hartford. The opening prayer was by the Rev. Frank D. Walter, of Waterbury. The morning session was devoted entirely to business, principally the submission and discussion of amendments to the by-laws. A recess was taken at 12.30, and those present were served with lunch in the parlors of the church.

The afternoon session was opened at 2 o'clock with a violin selection by Mr. Chaupot, followed by a very interesting address by Rev. Oscar Haywood pastor of the First Baptist Church. Mrs. Griffen, of London, England, formerly president of the Society of American Women in that city, was present, and told how the hospital ship "Maine" was fitted up by the American women of London and given by them to the British Government for service in connection with the South African War. Her address was full of interest to the nurses, and, indeed, would have been heard with interest by any assembly. Miss M. E. P. Davis, of Boston, a member of the National Association of Superintendents, and collaborator with the Editor of the AMERICAN JOURNAL OF NURSING gave a comprehensive and very instructive address. Mr. E. W. Beach sang two selections effectively, and the meeting adjourned at 5 P. M.

An invitation was extended to visit the Waterbury Hospital and a conveyance was in readiness to take nurses thither. After a tour of inspection, tea

was served in the new dormitory by Miss Andrews, the superintendent, and so was concluded a very pleasant and profitable day.

JEANIE M. CAMPBELL, Cor. Secy.

1001 Fairfield Avenue, Bridgeport, Conn.

MINNESOTA.—The executive board of the Minnesota State Nurses' Association has been active and has received 210 applications for membership. The interest in the registration movement throughout the state is very encouraging.

By means of a list of questions concerning the courses of instruction offered in the various training schools important information, for determining the material with which we have to deal, is being obtained.

The committee are planning for a large gathering in April and will combine with the Ramsey County nurses and the Hennepin County association in endeavoring to make it a most enthusiastic meeting.

The constitution and by-laws are being printed and will soon be in the hands of the members.

IDA M. CANNON, Secretary,

1043 Larrel Avenue., St. Paul, Minnesota.

NEW YORK STATE NURSES' ASSOCIATION.—All associations which are members of the New York State Nurses' Association and have not yet appointed their legislative committees are earnestly requested to do so at once, and send the names to the chairman of the state legislative committee, Mrs. M. T. Brockway, 183 West 75th Street, New York city.

FRIDA L. HARTMAN, Secretary.

ILLINOIS.—A meeting of the Illinois State Association, called at the request of members too interested to wait for the regular quarterly meeting was held on January 10, in Chicago. The work of the juvenile court was explained by a member of that Board and by the chief probation officer. The aim of the Illinois Association at present, is to strengthen itself, to enlarge its membership, and to do everything possible to get ready for the struggle for Registration, which it must again make.

Mrs. Frederick Tice, for several years the faithful secretary of the Illinois State Association, has sailed for Germany where Dr. Tice expects to study until June.

REGULAR MEETINGS

CALIFORNIA.—The San Francisco County Nurses' Association, with headquarters in San Francisco, holds its regular monthly meetings the first Tuesday of each month. The Association has arranged to have an interesting and instructive lecture at each meeting for the next eight months.

The County Association is also planning to establish a Central Directory, in which all the Alumnae Associations' Directories in San Francisco will combine under one management, and in conjunction with this a Nurses' Club-House. As several members of the Association are going to Detroit to the Convention of the Associated Alumnae, it has been decided to have these nurses study the latest

methods and systems employed by Directories and Club-Houses in Eastern Cities, before adopting any definite plan for the San Francisco Central Directory and Club-House.

The California State Nurses' Association has elected Miss Theresa Earles McCarthy, the Secretary of the Association, a delegate to the next Convention of the Associated Alumnae, to expressly convey an invitation from the California Nurses to their Eastern Sisters to hold the Convention of 1907 in San Francisco. All Californians are delighted with the idea of having the Convention of the Nurses' Associated Alumnae held in San Francisco, and a royal, truly *Californian* welcome is assured.

The Children's Hospital Nurses' Alumnae Association of San Francisco, is the only Alumnae in California allied to the Associated Alumnae. The members of this Association are most anxious that the Associated Alumnae hold their Convention in San Francisco in 1907. They have elected Miss Mary Leniad Sweeney a delegate to the Convention to be held in Detroit in May of this year, and will extend, through her, a cordial invitation to the Associated Alumnae to convene in San Francisco in 1907.

TEWKSBURY, MASS.—The December meeting of the State Hospital alumnae of nurses was held in the chapel at the State Hospital, December 6, 1905. Two new members were admitted to membership. It was decided to present the Nurses' Hall with several books of fiction.

A committee was appointed to provide the entertainment for the next meeting. Meeting adjourned to meet on the first Thursday in February.

PROVIDENCE, R. I.—The regular monthly meeting of the Rhode Island Hospital alumnae association was held January 9, at the George Ide Chace Home for Nurses, Providence, Rhode Island. The regular routine business was carried out and five new members were elected. A committee of three were appointed to look into the subject of revising the constitution.

The members had the pleasure of listening to a paper, by Mr. John E. Groff, subject being "The revising of the United States Pharmacopœia."

PITTSBURG, PA.—The annual meeting of the Western Pennsylvania Hospital nurses' alumnae was held at the hospital on January 2. In the absence of the president, Miss Elizabeth Reid, superintendent of the training-school, was made chairman. Eight members were admitted and a number of applicants received.

The following officers were elected: Miss Leigh Thompson, president; Mrs. Anna Taylor, first vice-president; Miss Myrtle Klingrnsmith, second vice-president; Miss Nancy Brinley, secretary; Miss M. J. Weir, treasurer; Miss Helen Hunt, Mrs. Peter K. Bechtel, Miss Margaret McCray, Mrs. Le Moyne Teese, Miss Myrtle Sluchel, directors.

PHILADELPHIA.—A regular monthly meeting of the Medico-Chirurgical alumnae was held at the Hospital on January 3, 1906. In the absence of the president the vice-president, Mrs. Moyer, presided. Owing to the very inclement weather, few members were present.

Very little business was transacted at this meeting but every one present was quite jubilant when Mrs. Moyer reported several late donations towards

the "bed" fund. These belated gifts are counted in with the proceeds of the euchre recently given, this euchre having been given for the purpose of trying to retrieve the amount lost by the collapse of the City Trust Company of Philadelphia. The alumnae having had on deposit some six hundred dollars. On the strength of the loss by this collapse, the members started boldly out with new life and purpose. The first attempt was in arranging the said euchre and dance, which was held in St. James Hall, West Philadelphia on November 22, 1905, from which was realized over five hundred dollars (including donations). The success of the affair was due largely to the untiring efforts of Mrs. M. J. Moyer, who was chairman of the committee, and all the other nurses used their best endeavors to help her make the affair so successful. The ultimate object of the association is to endow a free bed in the Hospital for the Medico-Chi Hospital nurses.

NEW YORK.—The regular monthly meeting of the New York Hospital alumnae was held at 8 West Sixteenth Street on December 13. Changes in the constitution and by-laws, which were proposed in November, were discussed and adopted with a few amendments. The alterations were needed because of the growth of the association, which made the rules adopted for a small society insufficient or irksome now. The reports from the club-house continue to be gratifying, its financial success seeming to be assured.

NEW YORK.—The New York Post-Graduate Hospital nurses' association held a fair on December 6 and 7 for the benefit of its new Home at 596 Lexington Avenue. The fair was held at the Margaret Fahnestock Training-School, and was a success in every way. Socially it brought together many of the nurses and their friends. Financially, about a thousand dollars were taken in. Especial credit is due to the pupil nurses who worked hard to help make the fair a success.

BROOKLYN, N. Y.—The regular monthly meeting of the Long Island College Hospital Training-School alumnae association was held, at the Registry, 128 Pacific Street, Tuesday, January 9.

Only fifteen members were present, these being busy days for the nurses. Miss Anna Davids, president of the association was in the chair. Only twice during the four years that Miss Davids has been our president has she been absent from meetings.

After the directors and business meetings were over, Miss Hitchcock of the Henry Street Settlement, New York city, gave us a most interesting talk on the work of the settlement nurses. Coffee and cake were then served by Miss Kelley, Superintendent of the Registry.

The meetings of the alumnae association this fall and early winter have been well attended, there having been an average attendance of thirty members. The entertainment committee has provided an address or paper to follow each business meeting. Dr. E. G. Zabriskie, of New York, gave a very interesting and instructive illustrated lecture for one meeting, his subject being "Nerves, their Diseases and Treatments."

The December program was to have been a talk on hourly nursing and

operative work in private homes, by Miss Katherine Sutcliffe, a New York Hospital graduate, who is engaged in that work. Miss Sutcliffe was unable to come but sent a very interesting paper on the work to be read.

One evening each month the graduates and their friends meet at the alumnae home, 128 Pacific Street, for a social time, the hours being spent in music, dancing, card playing, and a generally pleasant time.

PHILADELPHIA.—The alumnae of the Woman's Hospital, Philadelphia, at the December meeting presented the Alumnae pin to Miss Helen Greany as a mark of esteem for her faithful services to the association.

NEW YORK.—Mrs. Von Wagner was the guest of the Lebanon alumnae on December 12, giving a very interesting account of her experiences as sanitary inspector. Members of the graduating class were present, also Miss Madden, the superintendent.

ROCHESTER, N. Y.—The alumnae of the Rochester City Hospital held a meeting on January 9. There were two applications for the position of Registrar of the Directory from members, but it was again voted to give the position to a woman not a nurse, who has been in office several years.

PHILADELPHIA.—The graduates of St. Agnes' Hospital, Philadelphia, organized an alumnae association January 10, 1906. Officers elected were: President, Mr. A. Doyle; vice-president, Mr. P. Philbin; secretary, Sr. M. Prisca; and treasurer, Miss Lundy.

MINNEAPOLIS.—The annual meeting of the Minneapolis City Hospital training-school alumnae association was held January 5, 1906, at the Nurses' Club, 1502 Third Avenue, South; the president in the chair. The annual reports showed the alumnae to be in a prosperous condition and the following officers were elected: Miss Lena Christenson (re-elected) president; Miss Alma Ringnell, vice-president; Miss Alma Wyard, secretary; Miss Mathilda Carlson, assistant secretary; and Miss Elizabeth Sprague, treasurer. The address of the secretary is: 1922 Hawthorne Avenue, Flat 3.

NEW YORK.—At the annual meeting of the alumnae association of the Roosevelt Hospital training-school for nurses held November 2, 1905, the following officers were elected: Miss Jessie B. Downing, president; Miss Frances C. Newlands vice-president; Mrs. Grace R. Eppes, secretary; Miss Julia M. Bowne, treasurer.

BROOKLYN, N. Y.—The annual meeting of the alumnae association of nurses, Kings County Hospital, Brooklyn, was held at the nurses' Home on Tuesday, January 2, 1906. The meeting was called to order by the first vice-president, Miss Brennan. There were twelve members present. The officers for the coming year were elected: Miss Minnie Dock, president; Miss Maude Nash, first vice-

president; Miss Ada Newbold, second vice-president; Miss N. E. Gegg, secretary; Miss B. Page, treasurer.

NEW YORK.—The annual meeting of the Mt. Sinai alumnae association was held in the training-school parlor on Thursday, January 4, 1906, at 3 P. M. The president, Miss Greenthal, in the chair. Owing to the absence of the secretary, Miss Brannan, Miss P. L. Hartman was appointed secretary pro tem.

The secretary reported that during the year nine regular and four directors' meetings were held. There was an average attendance of 23 members at these meetings.

The committee on registration issued 150 return postal cards and wrote ten letters relative to registration. Forty new members were admitted during the year.

The interest in the pension fund is constantly growing, the nurses having pledged more than three hundred dollars in three months.

The following officers were elected for the year 1906: President, Miss J. Greenthal; vice-president, Miss Sadie Newman; recording secretary, Miss Ada C. Towne, 110 E. Eighty-first Street; corresponding secretary, Miss Bertha Kruer; treasurer, Miss S. Shilliday. These together with the Misses Miles, Chadwick, McKowan, Hartman, and Warner were elected directors; Dr. Maud Glasgow, investigating physician.

PUEBLO, COL.—The State Conference of Charities held a three-days session beginning January 21. The state institutions had charge of this meeting, and the Visiting Nurse Association of Denver was represented.

BOULDER, COL.—The County Boulder nurses' association held its monthly meeting on January 3. The hour was spent in reading papers and talking on the topic of the day, Pneumonia. The AMERICAN JOURNAL OF NURSING is one of the magazines used by this Association.

DENVER, COL.—The regular monthly meeting of the trained nurses' association was held at the Y. W. C. A. building, on January 4, 1906. Nothing but regular business was transacted.

LOUISVILLE, KY.—The graduates of the John W. Norton Memorial Infirmary organized an Alumnae Association on October 18, 1905 with thirty charter members. Miss Race was elected President. Miss Dear, Secretary. Meetings to be held monthly. At the meeting, November 15, all the officers were present and the constitution and by-laws were adopted. The meeting on December 20, was social in character.

NEW YORK.—At the annual meeting of the Post-Graduate Nurses' Alumnae held in New York, January 2, the following officers were elected:

President, Miss Charlotte Ehrlicher; first vice-president, Miss Caroline Vail; second vice-president, Miss Elizabeth G. Smith; third vice-president, Miss Hannah Leister; fourth vice-president, Miss Landelles Dingwall; Secretary, Miss Gertrude E. Lelden, treasurer, Miss Leta Card.

PERSONAL

MISS ALLERTON, superintendent of the Homœopathic Hospital at Rochester, is spending the winter in the South, where her health is greatly improving.

MISS OLIVE J. ROUECH, Miss Alice G. Shields and Miss A. Blanch Coffin, all graduates of the Farrand Training-School, Harper Hospital, Detroit, have accepted positions in the nursing department of Dr. Goldsby King's sanatorium of Selma, Alabama.

MISS MARGARET MEIGS, of the Farrand Training-School, Harper Hospital, Detroit, has been appointed head nurse in the Lansing Hospital Michigan. Miss Bertha Berry, one of her classmates has accepted the position of assistant and operating-room nurse in the same institution.

At the regular monthly meeting of the Lakeside alumnae, Lakeside Hospital, Cleveland, Ohio, held in the reception room of the Nurses' Home on December 4, Mrs. Hunter Robb gave an interesting talk on the origin and development of alumni associations and their present responsibilities.

On a recent visit to Cleveland, Ohio, Miss Mabel Boardman, of Washington, D. C., addressed the nurses of the Lakeside Training-School on "The Reorganization of the Red Cross League in America."

MISS MARGARET BEAND COWLING, Class 1905, University of Maryland, has accepted the position of superintendent of nurses at the Stewart Hospital, New Berne, North Carolina.

MISS SOPHIA FEATHERSTINE has been appointed Superintendent of the Training-School for nurses of the Franklin Square Hospital, Baltimore. Miss Featherstine is a graduate of the University of Maryland Hospital, Class 1900.

MISS LOIS V. CALDERWOOD has resigned as night Superintendent of the Altoona Hospital and has accepted the position as Superintendent of the Bellefonte Hospital, Pa.

MISS LILLIE L. ZIEGLER, graduate of the Louisville University Hospital has accepted the position of Superintendent of the Roper Hospital, Charleston, S. C.

MISS ETHELL BEAVERS has resigned from the position of Head Nurse and Matron of the New Orleans Ear, Eye, Nose and Throat Hospital.

MISS CHRISTINE MITCHELL has been appointed to work as district nurse for the patients of the Out-Door Dispensary of the Toronto General Hospital, who are suffering from tuberculosis. This is the second appointment in Canada of a nurse for special work among tuberculous patients, the first having been made in Ottawa last May. Miss Mitchell is a graduate of the Toronto General and has had many years of district work in New York and Montreal.

MRS. ALICE H. FLASH, class of 1903 was appointed Superintendent of nurses in Massachusetts Homœopathic Hospital on January 1, 1906.

MRS. HARLEY, Roosevelt Hospital 1905, has gone to the N. Y. Eye and Ear Infirmary, to take charge of the Clinic.

MISS ESTELLE MINER, class of 1905, also has accepted the position of Supervising night nurse at Roosevelt Hospital.

MISS JANE A. DELANO has resigned as Superintendent of the Training-School of Bellevue Hospital, New York City, and will make her home with her mother in Virginia, retiring from active professional work.

MARRIAGES

THE following marriages have occurred recently among the Alumnae of the Roosevelt Hospital Training-School, New York City:

MISS CHARLOTTE LANNEAU (class '03) and Dr. Louis Durand were married in New York City on October 31.

ON November 8, Miss Anne Ridgeway Milliken (class '04) was married to Dr. Gerry Rounds Holden at the residence of her sister, Mrs. Post at Summit N. J. Dr. and Mrs. Holden will make their home in Jacksonville, Florida.

MISS ANNETTE WRIGHT (class '02) and Dr. Bruce Elmore who were married in N. Y. on December 6, have selected Seattle, Washington, as their future home.

MISS MARGARET DALY (class '04), who married Mr. Louis D. Hopkins, is living in New York City.

MISS DOLENA URQUHART's marriage to Mr. Elias Hurbert has recently been announced. Mr. and Mrs. Hurbert will live at Jersey, Channel Islands, Europe.

AT Ashtabula Ohio, on November 23, 1905, Elizabeth E. Baker, class 1905 Lakeside School for Nurses, Cleveland, Ohio, to Dr. Shephard H. Burroughs.

AT Blue Ridge Summit, Pa., December 30, 1905, Miss Ethel Phair, graduate Glifton Springs Sanatorium, to Dr. Kelso Carter. Dr. and Mrs. Carter will make their home in Baltimore, Md.

MISS ANNA BROOKS, graduate of Deaconess Hospital, Spokane, Washington, was married recently to Mr. J. H. Barlow.

AT Spokane, Washington, December 12, Miss Sue McCracken, graduate Patterson (N. J.) hospital, to Mr. Robert Lee-Edaeiston.

IN Colorado Springs, Colorado, January 8, Miss Bee Agnes Cluitin, graduate of the Colorado Training-School, class of '97, to Mr. Edgar K. Fowler. Mr. and Mrs. Fowler will reside in Colorado Springs.

BIRTHS

BORN to Mrs. Charles A. Ellis, Sherman, N. Y., January 9, 1906, a son. Mrs. Ellis was Miss Alice F. Miles, graduate of Buffalo General Hospital class of 1894.

ASSOCIATED ALUMNÆ MEETINGS

THE Ninth Annual Convention of the Nurses' Associated Alumnæ of the United States will be held in Detroit, Michigan, on Tuesday, Wednesday, and Thursday, May 1, 2, and 3, 1906.

Alumnæ Associations are reminded of their promise to contribute to the buying of Journal Stock for the National Association. Shares may also be purchased still by individual societies.

Alumnæ Associations are also reminded that copies of the report of the Eighth Annual Convention may be obtained by applying to the secretary, and enclosing ten cents.

NELLIE M. CASEY, Secretary.

814 S. Tenth Street, Philadelphia, Pa.

OBITUARY

THE Alumnæ Association of the New York Hospital Training-School record its deep sense of sorrow and loss in the death of Miss Edith Saunders Jenks, a graduate of the class of 1893, and herein tender its sympathy to the relatives in their sad bereavement.

FLORENCE M. LINTEN,

ANNA B. DUNCAN,

Committee.

NEW YORK, December 13, 1905.

THE New York Hospital Alumnæ Association has suffered a great loss in the death of its colleague, Mary J. Hunter.

Miss Hunter was born in Toronto, Canada, and came to New York city about twelve years since and entered the training-school of the New York Hospital, graduating in the class of '95 since which time she has practiced her profession in New York.

During her residence among us, her rare qualities of personal charm and sense of devotion to her work made the foundation upon which her professional skill was based and won for her an honorable place in the front rank of our high calling.

This association, deeply appreciating its own loss, tenders to the family of Miss Hunter its sincere sympathy in their bereavement.

And the secretary is directed to spread this minute on the records of the association and forward a copy to the family.

AGNES HOUSTON,

E. M. DINEHART,

Committee.

ON January 4, at her residence in Brooklyn, N. Y., Miss Alice Gale Miller, graduate Brooklyn Hospital, class of '85.

THE German Hospital alumnæ of New York announces the death of Sister Bertha Schealer, which occurred at the hospital on January 1, 1906.

At her home, Corning, N. Y., October 11, 1905, Jane Coleman Penny, wife of Clarence L. Demorest, passed to the great beyond. Mrs. Demorest was a graduate of the New York City Training-School for Nurses, class 1896.

At the last regular meeting of the Alumnae Association of the New York City Training-School for Nurses the following resolutions were adopted:

WHEREAS, God in his all wise providence has taken unto himself, after long and severe suffering, our beloved friend and sister, therefore be it

Resolved, That the Alumnae Association of the New York City Training-School for Nurses has lost one of its brightest and most efficient members, one who was always interested in every good work, who had a ready smile and words of comfort for the afflicted, one in whom the unfortunate always found a willing advisor and friend, we feel that her life was an example of womanly courage and fidelity, and be it further

Resolved, That we extend to her beloved husband of less than a year, and to her son Nelson J. Penny, our heartfelt sympathy in this dark hour, and be it further

Resolved, That to her aged father and mother, to her brother and sisters, we express our grief in this the first break in their beloved family circle, and be it further

Resolved, That a copy of these resolutions be sent to the family of our beloved sister, placed upon the minutes of this association and published in the AMERICAN JOURNAL OF NURSING.

MINNIE L. COLEMAN,

IRENE B. YOCOM,

DAISY MOBBS,

Committee.

MRS. ELIZABETH HASKEW HUNT, died, December 29, 1905, at her home, 696 Melrose Avenue, New York City.

Mrs. Hunt was a graduate of the New York City Training-School for Nurses, class of 1902

She was an active member and Recording Secretary of the Alumnae Association at the time of her death.

[Obituary notices to be published in this department must hereafter be limited to fifty words.—ED.]

A MOVEMENT is well under way to provide a separate building for the Juvenile Court of Chicago. It is proposed to locate it somewhere just outside of the centre of the city, and to plan it so that there will be some space that can be used for the purpose of a detention home. We shall hope to hear that a nurse is in charge of the home.

HOSPITAL AND TRAINING-SCHOOL ITEMS



THE graduating class of the Boulder (Colorado) Sanitarium training-school for nurses gave a class-day program, representing their work, such as accident and emergency work, bandaging drill, etc.

AN interesting affiliation for complete training of nurses is that effected by the Laura Franklin Hospital for Children in New York, details of which have been supplied us by the kindness of Miss Lurkin, the superintendent. The first year is spent by the pupils in the Laura Franklin, which is a very beautiful and complete hospital. The preliminary course is carried on here from October to June. The pupils spend one year in the J. Hood Wright Hospital, which is general and has a very active service. They do all the nursing of this hospital under permanent heads. They have three months' excellent obstetrical service in the Old Marion St. Maternity and two months in the Minturn Hospital for Scarlet Fever and Diphtheria. Classes, lectures, and demonstrations are carefully and systematically conducted, and cooking, materia medica, and massage are taught by special teachers. Miss Lurkin writes: "The object is to have it a good school regardless of any return to the hospital other than the success of those who enter the profession of nursing." This is a spirit and an example that merit being followed.

The commencement exercises of the Boulder (Colorado) Sanitarium training-school for nurses were held on December 18, 1905. The nurses who received diplomas were: Christian Egner, Hattie May Harriman, John Nicholas Herbolzheimer, Minnie Studey Herbolzheimer, William Henry June, Bertha Leona McDonald, Daisy Alice McPhee, Florence Valentine McPhee, Alta Estella Nesmith, Myrtle May Phillips, Ruth Matilda Reid, Flora Alice Talbott.

AT the thirty-third annual commencement of the Bellevue training-school for nurses held January 9, an interesting announcement was made by the board of managers. Owing to the growth of the hospital, and the still greater anticipated demand upon the school after the completion of the new hospital, an arrangement has been made with the city, which has bought all the land lying between the school and the East River and will proceed at once to erect a new school building. The old board will continue to conduct and manage the school. A house has been leased in the neighborhood, which will be used as a home for probationers. The old school building will eventually be converted into a home or club-house for the graduates.

The following young ladies were graduated: Miss Mabel T. Bishop, Mrs. Sophia Brundage, Miss Frances J. Bulow, Miss Lelen Butler, Miss Satie Clapp, Miss Ada F. Clark, Miss Georgia A. Daggett, Miss Mary A. Doherty, Miss Jessie Duff, Mrs. Anna G. Dunworth, Miss Maude Gallivan, Miss Bertha Gottron, Miss Lizzie Hangartner, Miss Minnie Hook, Miss Eva Houston, Miss Augusta M. Huppuch, Miss Agnes Johnson, Miss Mary Kreutz, Miss Monica B. Lynch, Miss Minnie E. Maquire, Miss Mary C. O'Sullivan, Miss Mary E. Rogers, Miss Florence L. Ryan, Miss Clara E. Shaw, Miss Mary A. Stuart, Miss Jessica V. Vient, Miss Jennie E. White.

HOSPITALS

DRS. APPLETON AND HARVISON have opened a new hospital in Spokane. It accomodates 50 patients and will have a training-school with a two-year course. It is known as the "Washington Hospital."

MRS. ALICE H. FLASH, class of 1903, was appointed superintendent of nurses in Massachusetts Homæopathic Hospital on January 1. 1906.

A KINDERGARTEN is now being conducted at Bellevue Hospital for the convalescent children.

THE Charity Organization Society of New York has raised a fund of \$20,000 for the relief of the tuberculous poor. This fund will be administered by a committee having representatives from the Tuberculosis Clinics of the chief dispensaries and will be used mainly for relief in the homes.

DR. MALCOLM C. SINCLAIR in an address given before the conference of health officials at Ann Arbor in June on modern sanitation, said:

"As evidence of the efficacy of modern sanitation and hygiene, I wish to call your attention to a report made by Louis Livingston Seaman, M. D., in a book which was recently published by the Appletons, called 'From Tokio Through Manchuria With the Japanese.' In this book Dr. Seaman tells what he saw in the great Japanese hospitals at Hiroshima, where eight thousand Japanese wounded soldiers were under treatment. It was in this great hospital, which served as the hospital base of the army of Japan, that Dr. Seaman came face to face with the grim results of war. He describes the hospital, like everything else pertaining to the Japanese in this war, as being flawless. He tells of how the walls and floors of the hospitals were washed and flushed with a solution of bichloride of mercury, in order that any germ which might be lurking in the dust of the building, or other places might be annihilated. He tells also of having seen six hundred operative cases in the great Japanese hospitals; with only six deaths. In one instance he found fifteen surgical cases which had experienced hemorrhages from the lungs, and several others in the abdominal cavity, as a result of bullet perforations. All of these were recovering. He also tells of nine patients who had been shot through the brain, the orifice of entrance and exit of the bullet being plainly visible, all of whom were recovering. Up to August, 1904, he states that 9,862 cases had been received at the hospital, 6,636 of which were wounded. Of the entire number, up to that date, only thirty-four among them had died.

"Of fourteen thousand men in one division on the Yalu in the early spring, there were only seventeen patients in quarters. Everywhere in the hospitals the evidence of the Japanese system of treating wounds at the front was plainly seen. Thousands were saved in this manner. He attributes the remarkably low death rate among the Japanese soldiers to the strict attention they pay to matters of sanitation and hygiene.

"With this kind of a record in the Japanese army, comparison with many of our civilized nations, in matters pertaining to scientific sanitation and hygiene, and, I might also add, medicine and surgery, becomes invidious. Beyond doubt, the wonderful results obtained in the treatment of the soldiers in the Japanese army, as reported by Dr. Seaman must be attributable to advanced ideas in relation to modern sanitation and hygiene, together with proper dietetic regime."

LETTERS TO THE EDITOR



DEAR EDITOR: I was very much interested in Dr. Park's remarks published last month, instructing the nurses to be business-like. It is the first time I have heard the nurses addressed on this all-important matter. I venture to write a little more on the subject—also on the subject of loyalty one to another. I have always admired, even when spellbound and speechless, the loyalty of physicians to each other, and have always been astounded and surprised at the lack of any sense of business methods or loyalty that some nurses possess. I regret to say that some of it is due to their training or lack of training. The lack of loyalty, of course, is more the fault of character or selfishness. Time and time again, I have known nurses, to allow doctors to criticise other nurses—even their intimate friends—without making any effort, which one would naturally do, to defend the absent. Nay, more, they even tell things of the absent that do not reflect well on themselves, for the simple reason that what is said of the individual nurse reflects on the whole profession.

Dear sister nurses, do be loyal, one to another, at least with the physicians and families. This is no new doctrine. It is carrying out the commandment of God, to be charitable,—“Love one another.”

To come back to the subject of being business-like: charge what you please in reason, but be business-like about it. Personally, I think some understanding about fixed rates for laundry, for week work and day work would be desirable. One word more I wish to add, about your duty to yourself, and again, to each other: Do not overwork on your cases! Do not sit up night and day until you can neither eat nor sleep from fatigue. There are plenty of nurses, plenty of hospitals, a great many district nurses for the poor. No one need overwork, and above all, be loyal and true!

JULIA H. FISHER,
Boston, Massachusetts.

DEAR EDITOR: Perhaps many nurses do not know of “The Cantslip Bathmat and Rim Grips.” May I therefore beg space for a few words in recommendation of the same?

They are made of white rubber, perfectly sanitary and very simple. The mat gives a firm foothold to the bottom of the tub, while the rim grips assure a firm hold on the rim, while getting in and out of the bath. I have found them a very great help in bathing patients. Circulars giving particulars and prices can be had of the Manufacturers, 56 Pine Street, New York City.

EMMA DUENSING.
Graduate German Hospital, New York.

DEAR EDITOR: While two nurses stood in line for the President's New Year reception on Pennsylvania Avenue in front of the White House with a throng of people passing, a loud voice called attention to a well-dressed woman with a strong face, who was endeavoring to force her friend, an elderly woman, in

between the people in line who had held their places for two hours, loudly exclaiming: "Story! it is no story. You men talk too much. I want you to know I am a Spanish War nurse; if you don't believe me I can show you my papers. You can ask the President. I'm a NURSE, a SPANISH WAR NURSE, and I have a perfect right to put my friend in this line any where I choose. I am a nurse, my name is Miss D——." While the crowd jeered and mocked, she went further along the line repeating her story. A police officer interfered in a very good-natured way and she offered to show him her papers as a Spanish War nurse, and also threatened to report him to the President if he did not make a place for her friend in the line.

ONE OF THE WITNESSES.

DEAR EDITOR: It was my good fortune to hear a "talk" recently by Dr. McCormack, organizer for the American Medical Association.

If any nurse has the opportunity to hear him, by no means fail to do so. One reason that he gave for lack of proper coöperation among people of several professions, notably doctors and nurses, is the fact that they live segregated lives in large degree. Another is lack of uniform education and training in our special schools.

In an editorial in the December JOURNAL you ask: "what is the future of the alumnae association?" Here, again, let me quote a suggestion from him, viz.: that each association become a post-graduate school, each grade taking up special lines of study and meeting often enough to make the work of special benefit. In this way those who have become rusty in certain lines can keep brushed up. Several associations have already reported lecture courses, which are certainly a beginning along these lines.

As has been suggested, the whole nursing question becomes in the end one of evolution and the survival of the fittest. The day will surely come when our fees will in larger measure correspond to the finances of the patient, and at no long distant time. Then, too, will the question of trained *versus* untrained nurses find a solution.

Would it not pay the associated alumnae to put into the field a woman to do such work for the nurses as Dr. McCormack does for the physicians, which consists in putting new life into the old organization as much as it does in forming new associations?

Again I say, Hear this "talk" by Dr. McCormack if possible, for he presents the ethical, social, political, and educational phases of his subject in a masterly way and his lecture is brim full of food for nurses as well as doctors.

L. M. B., Sherman, Texas.

DEAR EDITOR: Continuing the discussion on the regular army service there were, I am told, some two thousand nurses who served in the late war. They came from all sections and must certainly have been of average intelligence. Is it not possible that by them the government was "weighed in the balance and found wanting"? and that now it is simply "reaping what it has sown"? While changes have been effected, they can hardly be expected to erase the unfortunate impression of government methods and employees made upon the earlier nurses, and carried by them to their homes and associates. Some of my personal experience may bring out what I mean more clearly. At the Presidio, where I

was stationed, a woman physician was in charge as chief nurse. About the last of April or the first of May, 1899, measles broke out in the camps and another ward was opened for the use of these patients in the brick barracks, the new hospital not being completed. For several days Miss (Dr.)——, (she was advised to drop her title for obvious reasons), related at table how the contract surgeon of this ward was begging her for nurses for his patients who were desperately ill, several cases being complicated with pneumonia. In her elaborate manner, she would tell how she had refused because she had no nurses to spare. No nurses to spare! On the ward where I was at work there were two day nurses and one night nurse and very competent corps-men to assist them. The patients included two of three “lungers” and several convalescent dysentery cases from the Philippines, and the rest were “rookies” suffering from colds. I doubt if outside the first mentioned, there was a temperature over 100°. On the surgical ward no operations had been recently performed and the old cases were recovering. Their night nurse declared she hadn’t a thing to do but give out a few cathartics and the breakfasts. She, too, had a fine corps-man, who could have easily managed alone, as could the corps-men on the ward previously mentioned, setting at least four nurses free to care for those men lying at death’s door—and yet Miss (Dr.)—— had no available nurses! Finally the importunities of the surgeon prevailed and she sent me over there one afternoon. What a sight! Men covered with sweat and dust from the drill-ground had been put to bed unbathed by two of the most incompetent corps-men in the service—that is, barring the one on at night. Some of the temperatures were between 105° and 106°. One of these had his top sheet wound round and round his neck and was simply purple in the face. Everything was at sixes and sevens, and not a clean towel or change for the beds on the place. I had the surgeon sign a requisition for these articles. The property steward came over and told me he could not issue them. The only way was to turn in soiled articles which would be replaced with clean ones. There was nothing else to do but to strip the beds of sheets and pillow cases and the men of their night-shirts, and a queer looking ward I had in consequence until the baths were given and the clean bed-linen arrived.

At supper I asked Miss (Dr.)—— for a night nurse, hoping it would dawn on her where to get one. But my plea was in vain. So I asked for and obtained permission to remain on duty for the night. I did succeed in securing a very good corps-man, which was fortunate, as the regular one was hopelessly inefficient, half drunk, and slept most of the night. What a time we had! Six vomiting at once, others very delirious, one apparently dying, another with a violent chill followed by a fever of 106°, etc., etc. Relief came in the morning for a nurse had returned from her vacation and others arrived from the East. If I remember correctly, three men died in less than three days. In a short time, the linen closet was well stocked; but in a civil hospital I would have been promptly supplied without encountering “red tape,” and the chief-nurse would have *been* a nurse who understood her business, and desperately ill patients would not have been neglected.

While in charge of a ward in the new hospital, an orderly presented himself before me announcing that the commanding officer wanted me in the tea-kitchen. As I appeared in the doorway, he fairly bellowed at me about the supply of eggs—there were too many; it could not be allowed; and what did

I mean by having them? I explained and then asked if the order for them was to be countermanded. The "No" in reply was given in an ordinary tone of voice. I returned to my work only to be summoned again, this time to the linen closet, where he yelled at me: "Don't you know the linen closet is no place for a wheeled chair?" It was a new one, and looking up from my writing one day when a patient was occupying it, I noticed one side sagged. On investigating, I found a nut was missing and the property steward, when asked for another, had none of that size, but would get one as soon as he could. In the meantime to save the chair from being badly broken, I had locked it up in the linen closet. "Shall I put it back in the ward?" Again the negative was mildly spoken. Another time he stalked into the ward and violently stormed at me for several minutes. It seems he had notified Miss (Dr.)—— to give an order to the head nurses and she had failed to do so in my case, and never having received or even heard of it, I had not carried it out.

A nurse on the surgical ward told me this commanding officer would sometimes walk into the ward and, beaming on the nurses, announce he had come to apologize for all the swearing at them he had done up to date.

I heard quite a number who had served in the East say they had encountered only one gentleman among the army surgeons, and in every instance the same captain doctor was the exception.

There is a certain arrogance about some of the army officials and an attitude towards the people in general of "Thou hast made us lords and canst not put us down," which is most unfortunate.

Many war nurses, accustomed to the methods which obtain in civil hospitals, could not but be unfavorably impressed with the lack of common sense, the oftentimes exasperating red-tape, and the want of courtesy on the part of the surgeons, which they found in army hospitals.

I do not wish to convey the impression that the army service should be shunned, for there is very much to recommend it. I am only trying to give what seemed to me an explanation of the nurses' apparent apathy.

L. L. HUDSON, Colorado Springs, Colo.

[The condition described by Miss Hudson existed she says about the first of May, 1899. Do they exist to-day? is the important question. Secretary Taft's letter to the legislature asking for discontinuance of contract Surgeons and for improvements in the medical service will be followed with interest by nurses who have served in the army.—ED.]

TO NEW YORK NURSES

THE nurses who ordered photographs at the Niagara Falls meeting of the New York State Nurses' Association and who have not received them, are requested to communicate with Mrs. Gustin Welch, 723 Main Street, Niagara Falls.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING JANUARY 11, 1906.

ABLE, ROSE E., an ex-army nurse, re-appointed and assigned to duty at the U. S. General Hospital, Fort Bayard, New Mexico.

AIKMAN, ELLEN F., graduate of the Massachusetts General Hospital, Boston, 1894, appointed and assigned to duty at the General Hospital, Presidio, San Francisco, California.

ALLWEIN, MARTHA R., transferred from the General Hospital, San Francisco, to duty on the transport Logan en route to the Philippines for assignment to duty in that Division.

BEIDLER, CORA A., transferred from the Military Hospital at Zamboanga to the Division Hospital, Manila, P. I.

BOLINER, OLIVE H., graduate of the Maryland General Hospital, Baltimore, class of 1905, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

BRACKETT, BERT D., transferred from the General Hospital, San Francisco, to the transport Logan en route to the Philippines for assignment to duty in that Division.

CHAMBERLIN, ANNA B., passed successfully examinations for promotion to the grade of chief Nurse, and assigned to duty as Chief Nurse at the Division Hospital, Manila, P. I.

DAVIS, MRS. ANNA L., graduate of the Maryland General Hospital, Baltimore, 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

DOBRTZ, HULDINE M., formerly on duty at the General Hospital, San Francisco, discharged.

EDWARDS, CATHERINE, graduate of the Englewood Hospital, Chicago, 1901, appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

FRITCHER, CORA LOUISE, formerly on duty at the General Hospital, San Francisco, discharged, secretly married May 24, 1905.

GRIGGS, EDITH YOUNG, formerly on duty at the Division Hospital, Manila, P. I., discharged in that city.

HINES, MRS. M. VIRGINIA, graduate of the Government Hospital for the Insane, Washington, D. C., also had a post-graduate course in the New York Polyclinic Hospital; appointed and assigned to duty at the General Hospital, San Francisco.

JONES, NELLIE MABEL, recently arrived in the Philippines, assigned to duty at the Division Hospital, Manila.

KENNEDY, EMILY, transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, New Mexico, for duty as Dietist.

KENNEDY, MARY J., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

LATIMER, JUNIA HATTIE, an ex-army nurse, re-appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

LAYTON, MARY V., formerly on duty at the Division Hospital, Manila, P. I., discharged in that city.

MCCARTHY, JULIA MONICA, formerly on duty at the General Hospital, San Francisco, discharged to be married.

MCINNES, AGNES, formerly on duty at Division Hospital Manila, P. I. discharged in Manila to be married.

MARTIN, MONA E., transferred to the Military Hospital, Zampoanga, from temporary duty at the Division Hospital, Manila, having recently arrived in the Philippines Division.

MEUSER, GRETTA BELLE, transferred from the General Hospital, San Francisco, to the General Hospital, Fort Bayard, New Mexico.

NAGLE, MARY E., transferred from the General Hospital, San Francisco, to the transport Logan en route to the Philippines for assignment to duty in that Division.

RIEDY, JOSEPHINE, graduate of the General Hospital, Kansas City, Mo., 1905, appointed and assigned to duty at the General Hospital, San Francisco.

SEXTON, KATHERINE V., graduate of the Addison Gilbert Hospital, Gloucester, Mass., 1905, also had a post-graduate course in the New York Polyclinic; appointed and assigned to duty at the General Hospital, San Francisco.

SMITH, STELLA, formerly on duty at the General Hospital, San Francisco, discharged.

STORRY, FRANCES B., an ex-army nurse, re-appointed and assigned to duty at the General Hospital, Presidio, San Francisco.

THOMAS, ELIZABETH D., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, San Francisco.

WASHINGTON, EUPHAN M., formerly on duty at the General Hospital, San Francisco, discharged.

WOOD, AGNES CLARK, graduate of the Louisville City Hospital, Kentucky, 1904, appointed and assigned to duty at the General Hospital, San Francisco.

MISS SOPHIA L. RUTLEY has resigned as Superintendent of the City and County Hospital of San Francisco, and has been succeeded by Miss Julia Kane.

THE words "Tubercular" and "Tuberculous" are frequently used as having the same meaning. Those who make this mistake may like to know that tubercular is the adjective of tubercle while tuberculous is the adjective of tuberculosis. "A tubercular patient" is incorrect.

The words "sanitarium" and "sanatorium" also apply to different classes of institutions. Sanitarium is a health resort and comes from *sanitas*,—health; while sanatorium is from the word *sanare*,—to heal, a place where the sick may be cured.

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THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT



THE PUBLIC-SCHOOL NURSE

THE extension of the work of nurses in the public schools is perhaps the most striking development in recent nursing progress. No form of preventive work is exciting more lively and widespread interest in the public mind than this. Inquiries are coming in from the whole country, and the New York Board of Health is besieged with letters. A pamphlet giving all details is being issued by the Health Department of that city, and, with the one previously issued on the medical inspection, will supply towns now planning this work with information. From all points of view this success should be peculiarly gratifying to nurses, and should stimulate them to fresh endeavors. More than any other branch of nursing, the public-school offers the opportunity for public service of a high type, because it is so closely related with all the forces working for good citizenship. Men and women who are defending the right of the children to a good education—those who are fighting the evils of child-labor, of bad housing, of unsanitary cities, of homes turned into work-shops, are all eagerly welcoming the nurse, with her practical ability and her intimate touch with the people, as an ally. Public-School nursing means an immense deal more than just tying up small cuts (this limited conception being held by the English lay nursing press). It means the opportunity for prevention and health missionary work even more extensive than that of the district nurse, out of whose devoted labors it has grown. The visiting nurse and her coworkers have supplied the first impetus to this branch of the care of the public health, and

have demonstrated its possibilities and given object lessons of what it should be both in England and at home. It is an achievement of which they have every reason to be proud. No branch of work shows in a prettier way the dependence of medicine for good results on nursing, or the necessity of rounding out the plans of men by the personal solicitude of women. The neglected children formerly excluded from school by the medical inspectors played on the street without treatment and lost their schooling as well. Now, with the practical details given over to the nurse, the medical inspectors are thoroughly examining the eyes and the whole physical condition of the school children, and the whole immense field of physical development, nutrition, and life conditions of the child, is being opened up to intelligent scrutiny. In every city where there are no school nurses organizations of nurses should lead the agitation for their appointment.

Extracts from Miss Rogers' annual report showing work done in New York City during the past year are found on another page.

THE FUTURE OF OUR ASSOCIATIONS

How are our *alumnæ* associations to be improved? After considering the many lines of work and interests that are open to our local associations comes the question: Are they alive to their many possibilities, or are they not? Now, to answer this truly, let us all be perfectly honest and candid with ourselves. No polite generalizing, no amiable rose-coloring of statement. We have a few excellent associations, that do excellent work, where there is an *esprit de corps* and where traditions are handed down that keep the younger ones inspired. But is it not a fact that nine-tenths of our meetings are deadly dull; a waste of time; a bore and an affliction of spirit? That all of the work is done by two or three overburdened people? That the others do not even feel an interest in what the few are doing, far less support and encourage them? We know of associations where nothing but the nice cake and coffee draws a few members together; others, where the younger members only appear when they have some extra-fine clothes; others, where the whole time is spent in wearisome hair splitting of parliamentary procedures,—nothing live, nothing vital, nothing inspiring. Then, we hear complaints that the members will not come to meetings, that the new graduates will not join, and that the old ones are stupid. Enough of criticism. We all know the state of the case. What is to be done?

In the first place, it is our opinion that a greatly more determined and systematic attempt should be made to bring into the associations the oncoming classes. It should be a matter of course that the graduating class would enter the *Alumnæ Association* as a body. But there are very few schools where this occurs. On the contrary, it is quite the rule that out of every graduating class, say of twenty, three, or four join the *Alumnæ*. Why is this? It is because the *Alumnæ* have shown no interest in securing membership? Heretofore this has been left to the superintendents,—busy women, whose daily duties are steadily becoming more complex and numerous.

The Superintendent's duty in this matter is easily defined. She should see to it that during the entire period of training in the hospital the pupils receive proper instruction in regard to their obligations to the profession which they are preparing to enter. This should be done by informal talks from time to time in class, with perhaps once a year a lecture to the whole school given either by the superintendent herself or by some one selected by her.

Then a short time before the senior class graduates members of the *alumnæ association* should be given an opportunity to spend an evening with the class, acquainting the members with the object of the association, what it stands for, what it is trying to do, and how it can be helpful to the individual nurse.

Having given the *alumnæ association* this opportunity, the superintendent's obligation to the association in regard to the matter of securing new members is at an end.

We would suggest, however, that if the superintendent fails to invite the *alumnæ* for such a conference with the graduating class, that the *alumnæ* take the initiative and request that this privilege may be granted to a committee of its members.

After the pupils have left the hospital it then becomes the business of the *alumnæ* and not the business of the superintendent to bring the new graduates into the association.

We will predict that if this yearly talk was given by members of the association outside of the hospitals, there would be results; not all at once, but results.

Having done this, and invited the class to join as a whole, the Association might easily make some little informal social affair to welcome them and make them feel that there is a social center and bond. As to meetings, routine business should be transacted as quickly as possible and put out of the way. A frightful amount of time is wasted over unimportant details, which could be dispatched with a word and in

a moment; also in waiting for tardy members to make a quorum. More time should be given to informal social gatherings, where members could move about and meet each other, instead of sitting around the wall like a row of images. Most important of all, some work of real importance, and genuine usefulness should be taken up yearly, and associations might well be divided into departments, like the women's clubs, each department having its special work. Every member of the association should be in one of these departments; thus all would feel a share in the interest and responsibility, which now are loaded on two or three chairmen of committees, or on the president.

Instead of making routine monthly reports to the JOURNAL, all sounding exactly alike, and consisting principally of names, associations could report when something was done; when an achievement had been completed; when some worthy success had encouraged them.

We have given in these pages what we consider to be the ideal lines of development with the ideal division of work and interests for the future life and up-building of our organizations.

The Alumnæ Association has been a powerful factor in the development of national unity; can it be extended to meet the needs of the growing future; is it possible to overcome the fostering of school lines and the narrowing of interests which at the present time seem to be a threatened danger?

Have its days of usefulness passed and is this the cause of the prevailing inertia, to the existence of which we cannot blind ourselves?

If this is true, then what is to be our next line of development?

With fresh vigor we must get to work. Stagnation will be our ruin.

OUR PRIVATE NURSING EDITOR

WE announced in our last issue that at the January meeting of the Journal Directors, it was decided to appoint a salaried Private Nursing Editor who would devote her entire time to subjects dealing exclusively with the work and interests of private nurses.

Miss Catharine De Witt, who has been appointed to this position, was born in the State of New York, received a college education in Massachusetts, graduated as a nurse from the Illinois Training-School in Chicago, and has practiced her profession in nearly every state in the Union.

Immediately after receiving her nurse diploma in 1891 she was

enrolled in the directory of the Illinois school and took anything and everything that offered, hard and easy cases alike, for a long period of years. She has more recently specialized in obstetrics. She was at one time the president of the Illinois Alumnae and has been always closely in touch with the organization life of her profession.

In addition to all of this exceptional and broad experience she possesses a naturally gifted pen, as has been demonstrated in her contributions to the earlier numbers of this journal.

During the five years which have just closed the burning question with the great nursing body all over the world has been organization leading to state registration. This journal has been the leading organ in the United States in this movement for state registration; much of our space has been occupied by reports of organization work and of papers pertaining to such work, and as the result we have practically the whole country organized on uniform lines. There is a friendliness, an *esprit de corps*, existing between the nurses of the North, South, East and West, such as was never dreamed of before the JOURNAL's existence. We are exceedingly proud of this achievement.

During this time, however, the needs of the women absorbed in private nursing have not been forgotten. Every number issued has contained more or less matter of importance and value to this class of workers, but the feeling has grown, and we have been perhaps the first to recognize it, that the vitally important questions pertaining to organization have in a measure overshadowed the more simple and practical subjects belonging to the daily life of the private nurses.

Organization is in a measure an old story; it is established, and each State and city has a group of educated leaders who may be trusted to act as guides in all matters of organization detail. The JOURNAL now proposes to turn its attention more particularly and closely to those matters of nursing care and methods that the great rank and file are demanding at its hands.

With April our new Private Nursing Editor will begin her work and it is our intention to make the May issue a special private nursing number.

We want to remind this class of workers, however, that if the JOURNAL has sometimes lacked practical papers pertaining to their special line of work, it is, to speak plainly, their own fault.

It has been a constant effort of the editors and collaborators to induce the private nurses to write original papers pertaining to their peculiar work, and we have had some splendid contributions from private nurses, but the great bulk of our material has been contributed either by

the very busy superintendents of hospitals or by the organization leaders.

Under the guidance of our special Private Nursing Editor we shall look for more cordial coöperation from the private nurses.

It is only fair to say that nurses who will not help to make the JOURNAL interesting should not criticise it for not furnishing such material as they desire, bearing in mind that this magazine is a professional journal and not a commercial enterprise; that its aims are to educate, not to reap dividends, and that as the official organ of the Associated Alumnae with its affiliated membership of more than ten thousand nurses, the responsibility for its success rests quite as much upon the great rank and file of private duty nurses as with the small group of women who have carried forward its development until the present time.

Organization, with all that pertains to it, will continue to occupy an important place in our pages, but the needs of private nurses will receive greater attention during the coming years.

RESEARCH WORK BY NURSES

THE Lakeside Hospital School for Nurses, Cleveland, Ohio, offers to its third-year pupils a special prize of the value of \$75 for the best paper written upon a subject selected by the Training-School Committee; the papers to be submitted for examination to the Training-School Committee, and the prize not to be awarded unless the paper offered be of sufficient merit.

Subject selected for this year—"The Alleviation of the Discomforts following Anesthesia."

Also a prize of the value of \$25 has been offered to the third-year pupils by Dr. Edward F. Cushing, for the best paper on "The Nursing of Sick Children."

This action of the Lakeside School will have double value in the education of the nurses not only in training their powers of observation but in cultivating the habit of expressing themselves in writing, a form of development in which we have reason to know the average private nurse is lacking. We have come to the conclusion that it is not from the lack of knowledge or time that makes it almost impossible to persuade nurses in private practice to write of their work, but because the habit of literary expression in regard to things pertaining to their profession has not been properly developed during the period when they were

acquiring the fundamental principles of their profession. The rush and pressure of the daily hospital routine has of course been responsible in a large measure for this, and that time and opportunity are to be afforded in the Lakeside School, with the distinct object of encouraging and stimulating the powers of observation, to develop the ability to write intelligently upon the knowledge gained, for the express purpose of glean-
ing information that may be of value to the nursing profession and to mankind, is a great stride in the right direction. The JOURNAL will reap the benefits as the years go on.

CENTRAL VERSUS ALUMNÆ DIRECTORIES

THE nurses of Baltimore are agitating the question of a central directory and the last quarterly of the *Johns Hopkins Alumnæ magazine* gives the opinions of nurses in different lines of work, both for and against the establishment of such a directory. This is a subject which we think should be given very careful consideration in all of our organizations, regarding it not from the commercial standpoint, but as one of the lines of broader professional growth. We are gradually coming to the opinion that the alumnæ directory, as it is now managed at least, tends to foster school lines and in this way is a detriment to professional growth.

Miss Maderia in the Baltimore discussion has brought out an idea which we think of very great value. She says: "In many ways I think a Central Directory is a good thing, bringing all schools together and making us all stand on our own feet as individuals, rather than being known simply as graduates from a certain school." We think Miss Maderia has touched a point of very great importance and one which may be the cause of the lack of broad liberal professional growth on the part of the members of so many of our alumnæ associations.

In the alumnæ directory a nurse is sent for, not because of the quality of her work, but because she is a graduate of that particular school. It is not being demonstrated, at least in some places, that, because of this easy way of securing "cases" without competition or personal effort on the part of the woman, she sometimes deteriorates both in character and skill; and may this not account to some degree for the fact that physicians prefer the younger women fresh from the discipline and the methods of the training-school?

In the centres where there are large numbers of registered nurses,

we believe that a central registry governed by a county or graduate association would not only serve as a stimulant to professional development but prove to be a great convenience to the public, and under proper business management would lead to the establishment of libraries and meeting-places for the women of the nursing profession, regardless of school lines.

THE CENTRAL REGISTRY FOR GRADUATE NURSES OF CLEVELAND, OHIO.

As we go to press we learn that a central directory has been established in Cleveland, and a brief outline of the history of this registry may be of interest to the readers of the JOURNAL.

About two years ago the registry was established by graduate nurses, and the registrar appointed was a graduate of a training-school in good standing.

For two years the registry has not been a success, simply because the graduate nurses of Cleveland failed to appreciate the effort that had been made in their interests. Without the best nurses on the registry list, the medical profession, although anxious to patronize a good registry, could not give it their support. The financial burden for the two unsuccessful years was gracefully borne by the Graduate Nurses Association, because it felt that Cleveland needed such a registry; that the medical profession was entitled to the convenience, and that it was one small step in the way of raising the standard of nurses.

In October last the nurses finally decided to patronize the registry, and now there is a membership of above one hundred, representing the best nurses in the city.

The registry now receives many calls, and the members feel that they now have the coöperation of the medical profession.

All applications are sent to the registration committee. This committee has worked long and steadily under the most discouraging circumstances, yet not one of its members is doing private nursing. Such untiring and faithful effort is bound to finally bring its reward, and this registry in Cleveland, established by nurses managed by nurses, in charge of a nurse, is at last on a fair way to be a success.

OTHER EXPERIMENTS

The Boston Nurses' Club has conducted a central directory successfully for a number of years. There is also one of this kind in Seattle, Wash. We would like to hear from directories of this class from all over the country.

NURSES' UNIFORMS WORN IN THE STREET

A NURSE in sickroom is supposed to wear clean clothing, her uniform is of washable material so that it may be clean and not hold the germs of disease. She is expected to put on a perfectly clean wash dress after going into the house of a patient, and to change at least once a week, or oftener, as occasion may require.

In cases of surgical operation her cleanliness of person and clothing is of the same vital importance that it is in the hospital.

Nurses in hospitals are not supposed to wear their uniforms on the street or outside of the hospital; the only nurses who are permitted to do this are the visiting nurses. Some hospitals are more exacting than others in regard to the enforcing of this rule, and some nurses will go out on the sly in their uniforms, knowing that they are breaking a rule of the hospital, as well as a law of hygiene.

A skirt that has been worn in our street-cars, trailed over our sidewalks, slimy with expectoration, drabbled through the mud of the streets in sloppy weather, is a danger in any sickroom. Patients whose resisting power has been weakened by any kind of illness are peculiarly susceptible to the contagious diseases, especially tuberculosis and diphtheria, two diseases that give off their most dangerous poison from the discharges from the lungs, throat and nose.

A woman who will wear her uniform in the street has either been badly trained or is disregarding one of the most important laws in regard to public health which her training-school has taught her; she is an unsafe person to have in the home, and the public should not employ such women, and would not do so if it understood the danger of having her dirty skirts in the home.

Furthermore, the wearing of the uniform makes a nurse conspicuous wherever she may be; the fact that she wears a long coat over her dress and apron, particularly when the coat is left flying open in the front and is slashed to the waist at the back, does not conceal her identity or protect her dress from the contamination of the street.

In fact, the long coat by holding the skirts down, causes a greater amount of dirt to adhere to the garments.

In England nurses have worn uniforms in the street until the dress has been adopted very widely by women of disrepute, who wish to gain entrance to the homes of the people for dishonest purposes, until it has become a great abuse in all of Great Britain.

No nurses except the district nurses can be justified in being seen in the streets in uniform. This special class of nurses should be dis-

tinguished by the fact that they are going earnestly about their business, not shopping in the stores or walking in the streets with young men, and to those nurses the uniform is a protection, although in many cities the district nurses go into the very heart of the slums without any distinguishing costume.

The wearing of the nurse's uniform in the street is first of all unsanitary for the reasons which we have cited, and it is unprofessional because it advertises the occupation of the wearer and makes her conspicuous. We think we can truthfully say that the custom is condemned by all nurses of the highest ideals. We think it is a matter that should be taken up by nurses' organizations, and we recommend a little newspaper publicity of such a character that the people will be made to understand the dangers of the practice and that it is only nurses of the second and third rate, or no rate at all, who are seen about in street-cars, stores, restaurants and theatres in their nursing costume.

PROGRESS OF STATE REGISTRATION

NEW YORK

SECTION 206 of the Nurse Practise Act of New York in effect April 7, 1903, contains the following:

Before beginning to practice nursing every such registered nurse shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence, with an affidavit of his or her identity as the person to whom the same was so issued, and of his or her place of residence within such county. In the month of January, 1906, and in every thirty-sixth month thereafter, every registered nurse shall again cause his or her certificate to be recorded in the said county clerk's office, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such registration.

In section 209, under "Violations of this Article," we find "any violation of this article shall be a misdemeanor."

When any prosecution for violation of this article is made by the New York State Nurses Association the fines collected shall be paid to said association, and any excess in amount of fine so paid over the expenses incurred by said association in enforcing the provisions of this article shall be paid at the end of each year to the Treasurer of the State of New York.

It has been found that a great many nurses have neglected to comply with this condition of the law; large numbers not registering their

certificates at all, and many who did register them promptly after being received, have failed to re-register in accordance with the requirements of the statute in January, 1906.

In at least one city the county clerk has refused to re-register such certificates after the January limit had expired. An appeal to the Education Department at Albany has brought the following ruling from Dr. Howard J. Rogers, First Assistant Commissioner of Education, in a letter addressed to Miss Sophia F. Palmer, President of the State Board of Nurse Examiners, in which he says:

In reply to your communication of February 9 asking for a ruling on the matter of the re-registration of nurses during the month of January, 1906, as required by section 206 of the public health law, I beg to state as follows after a consultation with the Attorney-General:

The clause requiring that every registered nurse shall in the month of January, 1906, and every thirty-sixth month thereafter again cause his or her certificate to be recorded in the county clerk's office, etc., is directory in its terms and no penalty attaches if the re-registration is not made. Further, the county clerks of the various counties may within a reasonable time after January 31, 1906, accept and record re-registrations under this act.

On the other hand, if a nurse does not record his or her certificate again, as required by the statute, within a reasonable length of time, they cannot use the letters R. N. after their names or claim to be a registered nurse within the meaning of the said law. Should they without such re-registration continue to use this title, or to so term themselves, they would be guilty of a misdemeanor *and could be proceeded against under section 209 of the law.*

Our understanding of the matter is that it will be the duty of the New York State Nurses' Association at the regular April meeting to call for an investigation through the county associations of the manner in which the conditions of the law are being complied with in regard to the registering and re-registering of certificates with the county clerk.

The terms of the waiver will have expired and the full conditions of the law will then go into effect.

All organizations affiliated with the state association should in the meantime take this matter up, appoint a committee to examine the books of the county clerk and notify delinquent members of the penalty of prolonged delay.

Having secured the passage of the Nursing Act it is certainly the duty of the state association through its members to see that every condition which it contains is fully enforced.

AN ATTACK UPON THE NEW YORK LAW. The New York State nurses are in a little flurry of excitement over a bill introduced by

Senator Cooper on February 19th, known as Senate bill No. 462, which has for its object the repeal of the Armstrong bill which became a law April 27th, 1903, and the establishment of a Commission for the regulation of the practice of nursing, to be composed of three medical gentlemen drawing the modest salaries of 7500, 4500 and 4000 respectively, with a board of five examiners, composed also of physicians.

This bill was also introduced into the House by Assemblyman Dowling on the 21st and the promoter of the bill, if we are rightly informed, is a Dr. Edward E. Hicks of Brooklyn.

After providing liberally for offices both in Albany and New York, and a paid clerical force, the duties of the Commission are outlined in detail. We give only those most important for want of space.

The Commission is to inspect at least once a year all training schools or institutions which may be in any way connected with a training school; to supervise the training of all student nurses in such training schools, regulating the hours of service, rest and recreation, to receive and remedy complaints made by any pupil, nurse or official or any citizen concerning the administration of such training schools; to formulate a curriculum of study and to make rules and regulations governing the examination of student nurses and the granting of diplomas to the same.

The said Board shall hold and conduct examinations of applicants for licenses to practice nursing, all applicants of whatever class having first to pass an examination before being granted this license.

Candidates for the Board of Examiners are to be nominated to the governor for appointment by the Medical Society of the State of New York and the Homeopathic Medical Society, according to the terms of this bill, but we do not understand that this provision is in any sense or in any way authorized by either Society.

In opposing this measure the nurses will have the support of the legislative committee of the Medical Society of the State of New York, and of all training schools, which if this measure were to become a law would be deprived of all independent management of their own institutions, and of the more liberal and intelligent men and women of the State who gave their active support to the passage of the Armstrong Bill, the administration of which law by the Regents of the University of the State of New York has proved to be of even greater value than was anticipated.

We cannot deny that there may be abuses existing in some schools, such as long hours, poor accommodations, unsatisfactory food and unjust treatment of a pupil at the hands of an arbitrary superintendent, but

all of such abuses will be remedied in time through the educating influence of the Armstrong statute as it is being administered through the Education Department at Albany.

The Cooper bill providing as it does liberal salaries for so many men is certainly suggestive of politics and graft when compared with the modest expenses which are entailed by the Education Department and the Nurses' Board of Examiners in the administration of the present law. From 1800 to 2000 dollars per year would cover the salaries paid the examiners and the clerical duties are largely performed by the regular force of the Education Department.

Mrs. Marian D. Brockway, 182 West 73d Street, New York, the chairman of the legislative committee of the New York State Nurses' Association, is calling upon the legislative committee of the affiliated societies throughout the State for cooperation in opposing the Cooper bill. Let all be active in opposing this most pernicious measure.

MARYLAND. The report of the Maryland meeting shows a splendid professional spirit among the members. Miss Nutting declined to be nominated for re-election and was succeeded by Miss M. C. Packard (Massachusetts General), who has been identified with nursing affairs in Baltimore for many years. The Maryland report should be read with care as it is full of helpful suggestions.

In this State an amendment is before the legislature to compel the recognition of training schools which continue the practice of sending pupils out to earn money for the hospital, the old worn out plea of nurses for the deserving poor being the reason given instead of the honest statement that the law as it stands interferes with the commercial interests of a certain class of hospitals. This measure is being vigorously opposed by the Maryland State Nurses Association and the supporters of the existing law, and we cannot believe such an amendment can be carried to a successful issue. This question will undoubtedly be settled before our next issue.

IOWA. In Iowa the bill now before the legislature is receiving much opposition and as we go to press the chances for success or failure seem to be about even.

The attitude of the medical profession is generally favorable throughout the State and the Senate Committee have reported in favor of the bill with a Nurse Board of Examiners, but there is much opposition to be overcome in both houses and what the result will be when the final vote is taken no one can say.

No law is better than a bad law and we have reason to believe that the Iowa nurses will withdraw their bill rather than accept one of poor standards.

MASSACHUSETTS. In Massachusetts the bill is again before the legislature the fate of which will probably be known before our next issue. We understand that some undesirable concessions have been made in this bill and we are inclined to think that defeat may be more to be desired than success.

INDIANA. In Indiana Miss Lizzie M. Cox, one of the Board of Examiners, has been appointed inspector of training schools, and will visit every school in the State during the year.

The law is being administered in a very satisfactory manner.

The next regular meeting of the Board of Examiners or Commission as it is called in Indiana, will be July 2, when officers for the year will be elected and a standard of education for training schools to be accounted in good standing determined. An examination will also be held at this time.

Miss Minnie S. Tye is the president of the "Commission" and not Mrs. Fournier, as we stated in a recent issue. Mrs. Fournier is the president of the Indiana State Nurses Association.

WORK OF THE RED CROSS

MISS MABEL BOARDMAN of Washington, D. C., a member of the National Red Cross Executive Committee, made a tour across New York State early in the month, giving addresses at Albany, Utica, Syracuse, Rochester, and Buffalo, in which she gave an outline history of the Red Cross origin and development in different countries.

In Rochester she gave a special talk to the nurses of the city upon invitation of the Monroe County Registered Nurses' Association, and the assembly-room of the beautiful nurses' home of the City Hospital was thrown open for the occasion. More than one hundred nurses had the pleasure of listening to Miss Boardman, who dwelt at length upon the importance of the nurse's place in the reorganization of the Red Cross Society of the United States. She emphasized the high standards that will be required of nurses who are enrolled for this service as regards character, technical skill, and health, and stated that it had been agreed that in case of war the Red Cross nurses were to be the army nurses.

Miss Boardman is constantly going about the country in the interest of this work, and we suggest that she should be invited to speak before nurses' organizations. Nurses need educating along these lines

MRS. ROBB'S TEXT-BOOK REVISED

THE third edition of the text-book on Nursing by Isabel Hampton Robb will be ready for publication March first. In preparing this revised edition the entire material has been gone over carefully. The arrangement has been altered somewhat, Chapter II and III having been combined to form Chapter II, and Chapters XVIII and IX to form Chapter IV. Two new chapters have been added, and elsewhere new material has been submitted for old. The first chapter has been entirely changed. Instead of the schedule for a two years' course a suggestive outline for the division of work over the three years of instruction, which is made to include a six months' preliminary course, has been given. Fifty pages of new material have been added, making this book the largest and most comprehensive of its kind in existence.

This standard book is now completing its thirteenth year and is the recognized text-book in hospitals and training-schools.

Mrs. Robb has given very careful study to the revision of this book, and in methods of practical nursing only the most thoroughly tested processes have been given, particularly in the chapters on aseptic surgery.

The revised edition is published by E. C. Koeckert, 715 Rose Building, Cleveland, Ohio, but it can be ordered from all booksellers. The price remains the same,—\$2.

THE VISITING NURSE QUARTERLY

THE second number of the *Visiting Nurse Quarterly* is very attractive, containing many reports and contributions of special interest to the district workers. Miss Johnson's article, "The Visiting Nurse and Acute Illness," is a plea for the advantages of keeping certain classes of very sick patients in their homes rather than to follow a hard-and-fast rule of sending such cases to a hospital.

THE NURSING HISTORY

MISS NUTTING and Miss Dock are working hard at the "History of Nursing" which they are preparing in collaboration. The book will

probably be quite large, as they wish to make it a full and comprehensive study of nursing in all ages and countries. The material is extensive but widely scattered, and it is hardly possible that the work can be finished before the autumn.

CHANGE OF DATE OF THE DETROIT MEETING

THE time of the meeting of the Associated Alumnae has been changed from May 1, 2, 3 to June 5, 6, 7, as an accommodation to the nurses of Detroit, where the meeting is to be held, and because the weather is usually more delightful in Michigan in June than a month earlier. There is every promise of a very full attendance and the program will be exceptionally interesting. The meeting of the superintendents of training-schools is to be at the end of April in New York City.

NURSE INSPECTION OF NEW YORK CITY SCHOOLS

EXTRACTS FROM THE ANNUAL REPORT OF MISS LENA L. ROGERS,
SUPERINTENDENT OF SCHOOL NURSES

THE general condition of the school children at the beginning of the year while much improved left much to be done in regard to cleanliness, taking care of the eye and skin diseases, and eradicating pediculosis.

During the year the standard of cleanliness in the schools has been much improved. Children, encouraged by the nurses, take baths more regularly; clean clothes are put on oftener; the nails and hair are kept in better condition; tooth-brushes are used now as parts of the daily "cleaning-up" process, where they were quite unknown before. Children with trachoma bring their dispensary cards regularly to the nurse in the school, so that she may see that the treatment is being received. Skin diseases, such as ringworm, impetigo, favus, etc., the nurse takes care of in the school, and the child being allowed to remain does not lose any time.

The visits to the homes is a very important feature, and much valuable work is being done by teaching the parents what is required of them. They are instructed in keeping the children clean, carrying out treatment begun in school by the nurses, obtaining glasses for the children with defective sight, and taking children to their physicians or to dispensaries for treatment. Where the mothers are ill or cannot leave home on account of many other smaller children, the nurse takes the

children to the dispensary herself. The number of trachoma cases looked after by the nurses has increased rather than diminished. This is due to the fact that they are under much better supervision, since the staff has increased. More visits can be made, consequently, more children looked after and cured. Time can be taken to get under treatment younger children in the homes, who have not as yet been to school.

The parents, too, are beginning to realize through this teaching the importance of having their own eyes cared for, and it is not unusual to find mothers at the dispensary with their children receiving treatment themselves. Moreover, many unsanitary conditions are brought to light, during the nurses' visits to the homes. Instances are found where children sent home with scabies work on the sweat-shop clothing and carry it to and from the shop. Cases of contagious disease not reported (tuberculosis, measles, etc.) are also found, and many other non-observances of the law. These are all reported to the proper divisions. Where a destitute family is found, the relief societies are notified and the proper aid is given. During July and August, while the schools are closed, the nurses are assigned to "summer corps" work. Their duties are to make inspections in the tenements and where a child under one year of age is found they forward a card indicating the general conditions and health. In case of illness, the nurses are detailed to take care of the child until it is well and to give careful instruction in regard to feeding and hygiene.

Contagious Staff.—Two nurses are detailed to look after cases of scarlet fever and measles not sent to hospitals, and who are too poor to pay for skilled nursing. This is a very important branch of the work. The parents are instructed in the care of the eyes, nose, and skin, in proper isolation and disinfection, the dangers of complications and the manner in which contagion may be carried. The nurses wear cotton gowns which are disinfected each day at the hospital. These are put on and removed on going in and out of the houses. During the year people have learned to report cases voluntarily, knowing that they will be cared for if assistance is asked. Much preventive work is consequently being done.

During the year seven nurses resigned and twenty-three were appointed, making a staff of 50.

They are assigned as follows:

| BOROUGHES | NURSES | SCHOOLS |
|-----------------|--------|---------|
| Manhattan | 31 | 150 |
| Brooklyn | 14 | 97 |

| | | |
|----------------|---|----|
| Bronx | 1 | 8 |
| Queens | 2 | 18 |
| Richmond | 2 | 8 |

Following are the names of the nurses appointed during the year :

- Miss Joanna V. Shea, St. Mary's Hospital, Brooklyn, '00.
- Miss Adelaide Bonynge, Post Graduate Hospital, '02.
- Miss Rose Healy, St. Vincent's Hospital, '95.
- Miss Eleanor Hobart, Seney Hospital, Brooklyn, '98.
- Miss Eleanor Rymal, Buffalo General Hospital, '96.
- Miss Rosenie Kuschke, Seney Hospital, Brooklyn, '98.
- Miss Medora Allen, Post Graduate, '93.
- Miss Elizabeth Farrell, New York City Hospital, '01.
- Miss Christine Schaefer, Metropolitan Hospital, '01.
- Miss Gertrude Allwein, St. Joseph's Hospital, Yonkers, '98.
- Miss Margaret Cummings, St. Mary's, Brooklyn, '95.
- Miss Mary E. Plunkett, Connecticut Training School, '00.
- Mrs. Louise Barnard, Brooklyn Eastern Hospital, '92.
- Mrs. Lillian Anderson, Bellevue Hospital, '04.
- Miss Margaret Roosa, Post Graduate, '01.
- Miss Margaret Hope, Bellevue Hospital, '93.
- Miss Josepha Kirschbaum, German Hospital, '98.
- Miss Maude Royce, Post Graduate, '01.
- Miss Emma J. Cincey, Lebanon Hospital, '96.
- Miss Sarah Nelson, Long Island College Hospital, '93.
- Miss Mary A. Daly, St. John's Hospital, Long Island, '04.
- Miss Mary J. Whalen, St. Mary's General Hospital, Brooklyn, '02.
- Miss Helen Tucker, St. Mary's General Hospital, Brooklyn, '02.

NUMBER OF CASES CARED FOR BY THE NURSES (50) DURING THE YEAR 1905

| | | | |
|-----------------------------|---------|---------------------|-----------|
| Pedecielosis | 616,384 | Scarlet fever | 1,970 |
| Eye diseases | 188,805 | Measles | 2,292 |
| Trachoma* | 80,050 | Diphtheria | 283 |
| Scabies | 2,805 | Erysipelas† | 132 |
| Ringworm | 21,111 | Miscellaneous | 50,669 |
| Impetigo | 13,491 | | |
| Favus | 2,645 | Total | 980,637 |
| | | | |
| Tenements visited | | | 40,070 |
| Schools visited | | | 25,943 |
| Miscellaneous visits | | | 1,344 |
| | | | |
| Total visits | | | 67,357 |
| No. Children treated | | | 93,411 |
| No. Children examined | | | 1,351,083 |

* Sent to Dispensaries.
† Experiment only.

The following cities have nurses as part of the medical inspection in their schools: Philadelphia, Baltimore, Cleveland, Chicago, Los Angeles and Grand Rapids.

Money has been appropriated for this work in Washington and a nurse will begin work right away. Boston is at present making an experiment, the Nurses' salaries being paid by two clubs. Pasadena, Cal., is about to install the system there. Buffalo and Detroit are making efforts at present to secure nurses for their schools.

Several smaller towns contemplate taking up this work in conjunction with the district nursing.



NURSING AFTER GASTRO-ENTEROSTOMY

BY MARY BROOKS EYRE

Graduate St. Luke's Hospital School for Nurses, Denver, Colorado

It is only since the world at large has begun to distinguish appendicitis from old-fashioned stomach-ache that it has learned to put faith in the operation of appendectomy. In like manner, people are now becoming acquainted with the operation of gastro-enterostomy, for the cure of some of those stomach disorders which used to be loosely classed under the head of dyspepsia, as well as for the more advanced stages of gastric and duodenal ulcer and of gastric cancer, to relieve which this sort of operation has long been done.

We as nurses are not concerned with making the diagnosis, nor need we stop to debate the question of medical or surgical after-treatment. Our business is with the actual manipulation of the patient, and inasmuch as this branch of stomach surgery is becoming so common, a few words as to its nursing may not come amiss.

In order that the nurse may intelligently coöperate with the surgeon, she must know the general outline of what is to be done. The operation of gastro-enterostomy consists of making a new opening and union between stomach and bowel. It is a device to ensure drainage; for although a normal stomach empties itself not by gravity but contraction in diseased conditions it may not be able to do its regular work.

Methods of operation vary, most of our surgeons doing the gastro-jejunosomy recently perfected by the Drs. Mayo, where a posterior anastomosis is made between the lowest point of the stomach and the adjacent first part of the jejunum, thus avoiding a loop in the bowel and the so called "vicious circle," *i.e.*, a backflow of bile into the stomach.

Doctor's orders for internal preparation of the patient also vary, from sterilized foods and stomach lavage with sterile water for two days beforehand, to no precautions whatever, except to ensure an empty stomach and bowel for twelve hours previous to operation.

The stomach itself is sensitive only when pulled upon, so that a minimum quantity of anæsthetic can be given during the actual work upon it. The patient need have little, if any, post-operative vomiting where the anæsthetic is skillfully given; we may feel proud that it is from the cases of a nurse anæsthetist, with over thirteen thousand anæsthesias to her credit, that this has been proved.

After the patient is returned to bed, there may be a little blood

vomited. Although bright at first, this becomes each time darker and more scanty.

The nurse will watch for syncope, hemorrhage from stomach or bowel, and later for symptoms indicating toxic absorption. Extra precautions against cold should be taken, as stomach cases seem especially liable to pleurisy and pneumonia. The patient may indeed complain of "pleurisy pain," as the high incision affects muscles used in breathing, so that respiration is apt to be shallow for the first forty-eight hours. Temperature and pulse are the best indicators here of safety or danger.

When well out from the anæsthetic, the patient is raised and propped with pillows in a sitting position, which is kept continuously for the first few days and nights, to promote drainage.

Among different contrivances for holding the patient up, a "stiff pillow" can be recommended, stuffed with excelsior and made like a section of a square block that has been cut diagonally through the middle, with its back and base at a right angle to each other, and its third side sloping. With soft pillows piled on its sloping side, it gives a firm support for the patient's back. Incidentally, it makes a good brace for the feet if relegated to the foot of the bed, or a knee-rest if turned over on its long side. Any plan that will enable the patient to sit upright with comfort, is advisable.

Enemata of salt solution, and of stimulants if necessary, are given at very low pressure. The time for giving water by mouth varies from one to three days after operation, hot water being pushed after the first to encourage the stomach to act. Both buttermilk and beer are well tolerated, the gas of the latter being said to act as a starter to post-operative gas in the stomach.

After the beginning is made liquids are given freely, followed in due order by gruels and their kin. Solid food is withheld at least ten days, but it is surprising to the nurse who is new to stomach surgery, with what ease and grace the newly-sewn stomach can despatch its food, and clamor for more!

When there has not been great debility, or anæmia due to previous hæmorrhage, the patient is lifted out of bed to a rocking-chair during the second week, and may be expected to get about a little, during the third. The length of time in bed is generally regulated by the length of the incision. As the gastro-enterostomy patient is seldom encumbered with fat, the wound, if clean, heals quickly.

After operation, digestive disturbance may continue for several months; gas may be troublesome, small quantities of bile may be present in the stomach, and sloughing catgut will occasionally cause distress. A

glass of hot water before each meal is as helpful as medicine for these ailments, their eventual cure being the *free outlet that relieves the irritation of stagnating food in the stomach.*

The number of pounds that some of these patients gain, verges on the sensational. Frequently forty, fifty, and even seventy pounds are put on in short order by the gastro-jejunosomy cases. Results in the Finney operation of gastro-duodenostomy are longer in showing themselves.

Nourishment is the keynote. An ordinary mixed diet is advocated, given in moderate amounts but often, until the stomach can stand its three square meals a day.

The nurse, however, will do well to bear in mind that most of this class of patients are true-blue dyspeptics: invalids with nerves starved and functions perverted, who stick to their preconceived ideas of diet with the tenacity of adhesive plaster. The nurse must be bland but persevering in enlarging the bill of fare, and in winning her patient back to the thoughts and habits of health. She will often have opportunity to reflect with Mark Twain that "habit is habit, and cannot be thrown out of the window, but must be coaxed downstairs a step at a time."

The coaxing process may tax her cheerfulness to the utmost, but let her take comfort in the verdict of an eminent surgeon: "There is no class of surgery that we do, that gives us on the whole such satisfaction as our stomach work."

CHILD LABOR

BY LILLIAN D. WALD

Nurses' Settlement, New York

THE National Child Labor Committee met in Washington in December last, a serious gathering of a few overworked men and women in the interests of the working children of this great nation, whose condition is fast becoming the humiliation of America. England had the scandal of wage slavery of children of tender years in the beginning of the last century, but the people of the United States have not had enough wisdom or humanity to learn by her experience how to protect those who are helpless to protect themselves against the exploitation of sordid-minded employers or an indifferent public.

In respect to the employment of young children, America does not rank with highly civilized countries like England, Germany and France,

but with Spain, Italy, and Russia. Child labor has been extending with frightful rapidity in our midst for a number of years, and it was discouraging to learn, from the reports read at the convention, that in spite of agitation going on in many States, and the fact that some thirty-five States now have some kind of restrictive legislation, child labor is on the increase, owing to the multiplication of factories, both of cotton and glass.* The great manufacturers who employ children as young as seven and eight years old for from twelve to fourteen hours a day and from ten to twelve at night, make various excuses to defend their greed. Sometimes it is the plea of giving the children knowledge of a trade; sometimes it is the sentimental explanation of a widowed mother; sometimes the frankly mercenary declaration that without child labor they cannot run their business.

Owen R. Lovejoy, in his paper read at Washington, said in regard to the "widowed mother:" "The excuse most frequently met is the plea for the 'poor widow' who will be left without support if her little boy and girl are taken from the factory or store. In every community she is found, and the advocates of her cause are both numerous and powerful. Men of commanding position in the community, as business men and as philanthropists, openly avow the justice of the employment of children of tender years, in labor that dwarfs the body and stifles intellectual growth, because the poor widow would suffer for bread if they were to be emancipated. The plea is a plausible one, but the facts do not justify its claim. Only a small proportion of those whose little children are employed at hard labor are 'poor widows,' and for these we dare believe society can better afford to make adequate and honorable provision, recognizing their service to the community in the care of their young, rather than that the young, the only real wealth the community can boast, should be made a meat offering to the hunger of the parent. Let us forever put to shame this brazen slave-master of childhood which poses as philanthropy by showing that whatever the sacrifice, the children of our generation shall not be made the means of livelihood to any member of the community."

As to the plea of not being able to keep in business without child labor, the members of the national committee are at one in holding that a business which really depends on this dreadful necessity, and which cannot exist except at the price of ruining the future citizens of the republic, is not worth keeping, nor is any people able to keep it at so great a cost.

* An estimated increase of two millions was reported at the Washington meeting.

The work of the National Child Labor Committee is to awaken the public conscience, and arouse the government to the necessity of doing for our future citizens what the Department of Agriculture does for the farmer in the way of disseminating information, and furnishing protection for crops and trees, for lobsters and fish. To that end we are planning to ask Congress for a Federal Children's Bureau, which shall deal entirely with questions relating to children, to study and to investigate, to collate with every other department, to supply information, and to stimulate progress in everything which concerns the children of our country. This Federal Bureau for Children has been a cherished project for nearly two years, and in presenting it to officials and wise people in Washington and New York, we have found it taken up everywhere with earnest approbation.

Mrs. Florence Kelley writes of the urgent necessity for it as follows, in *Charities* of January 6: "News about the bug that may destroy the boll-weevil is given out by the government of the United States to the Associated Press as fast as it can be obtained by agents sent to different parts of the world in search of the longed-for bug. Facts about the young cotton in the boll are sought so hungrily that 'leaks' have been said to occur in the department which publishes the facts about the young cotton, its health and welfare.

"But what of the young children who pick the cotton in the fields, the little black children in the cotton fields? What of the young children who spin and help to weave the cotton in the mills, the little white girls seven and eight years old, working all night long in the cotton mills in Georgia and the Carolinas?

"Of these children who are the citizens in the bud, the children who will be the republic when we are dead, the federal government published in 1900 the fact that there were then 579,947 between the ages of ten and fourteen years who could not read or write. In November, 1905, the government issued a bulletin giving the details bearing upon these truly dreadful figures, the facts bearing upon the children and their ignorance. But the children are meanwhile grown up and married.

"By telegraph we are told of the boll-weevil and its hoped for parasite. But for tidings of the working children we wait until they are grown up and married.

"Year after year the Department of Education and the Department of Labor have left to a volunteer body the task of printing the child labor laws and the compulsory education laws of the year, their own publications being as remote from the life of the children who

work as the hieroglyphics upon the tombs of Cheops and Rameses,—so old that when they reach us the generation of children with whom they dealt are already grown, and the laws are already changed.

“The new bureau is to change this. It is to meet the new demand for knowledge which may serve to bring the United States up out of the black list of the nations, where it now stands along with Russia and Italy, having the largest actual numbers of illiterate and unschooled children to be found among the nations of Western civilization.”

Mr. A. J. McKelway, one of the secretaries of the National Child Labor Committee, said, in his address in New York City, 1905: “The child is the saviour of the race. The child is the harbinger of the Golden Age, when, as it has been pictured to us, the forces of greed and forces of violence and the forces of cunning shall walk together in peaceful procession, while “A little child shall lead them.” In working for the protection of the child from too early toil, with its stunting of the body and dwarfing of the mind and spoiling of the spirit, we are laboring for the building up of the race that is to be. The child labor problem touches many others. But it seems to me that the old darkey summed up the whole philosophy of this movement when he was made to say:

“ ‘I heah de chillun readin’
 ‘Bout de worl’ a turnin’ ‘roun’,
Till my head gits sorter dizzy
 As I stan’ upon de groun’;
But let her keep a turnin’
 If ‘twill bring a better day,
When a man can mek a livin’
 While his chillun learn an’ play.’ ”

Single copies of various leaflets and pamphlets on the subject of Child Labor will be furnished gratis upon application to the Secretary, S. M. Lindsay, 105 East Twenty-second Street, New York City. Those interested in its distribution can obtain this literature in quantity at cost price. Please write for list of publications.

“What?” called the fair young thing to the man who had fallen from his horse for the tenth time that morning. “Falling off again? Where did you study horsemanship? In a correspondence school?”

NOTES FROM FORT BAYARD, NEW MEXICO

BY AGNES G. YOUNG

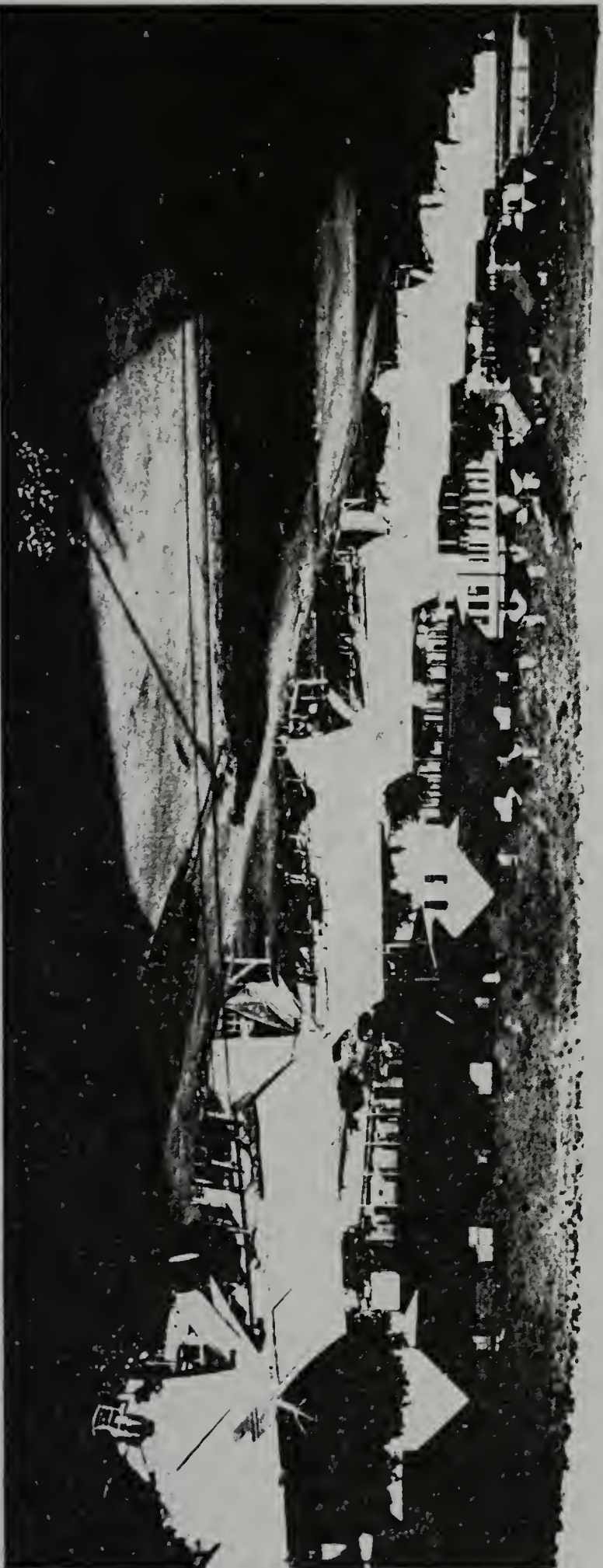
Army Nurse Corps

FORT BAYARD has ever been a stoic, a witness of tragic scenes and strife. In the old days she opened her welcoming, protecting arms to our soldiers returning from bloody combat with the warriors of Geronimo. Now, with quiet matter-of-factness, that does not mean indifference, she shelters those who fight a fiercer, more unrelenting and insidious foe than ever before stalked these wild plains, thirsting for victims.

While the generals of science marshal their forces, planning with an interest most minute and tense a campaign that shall forever rout this foe, the present victims breathe in hope the healing air of the New Mexican hills, endeavoring by rest and relaxation to rebuild a vitality that shall be strong enough to cause the enemy to retire.

No mother could be kinder to her boys than Uncle Sam is to his sick soldiers and sailors. The two hundred and sixty-eight ambulant patients are subjected to few restrictions other than those to which their life in the service has accustomed them. The only requirement absolutely insisted upon is that they should rest for certain periods daily. They roam at will through the wild country surrounding the Fort. Fine recreation and reading-rooms and a well-stocked library are at their disposal. There is no lack of lectures, local theatricals and other entertainments. All this is appreciated and enjoyed with a chronic cheerfulness that in itself does much to put the "bug" to rout. With splendid indifference or with laugh or gibe or curse they face the foe; a whine is rarely heard. Nor do they hide their heads self-deceived. They know; but never yet has knowledge bred fear.

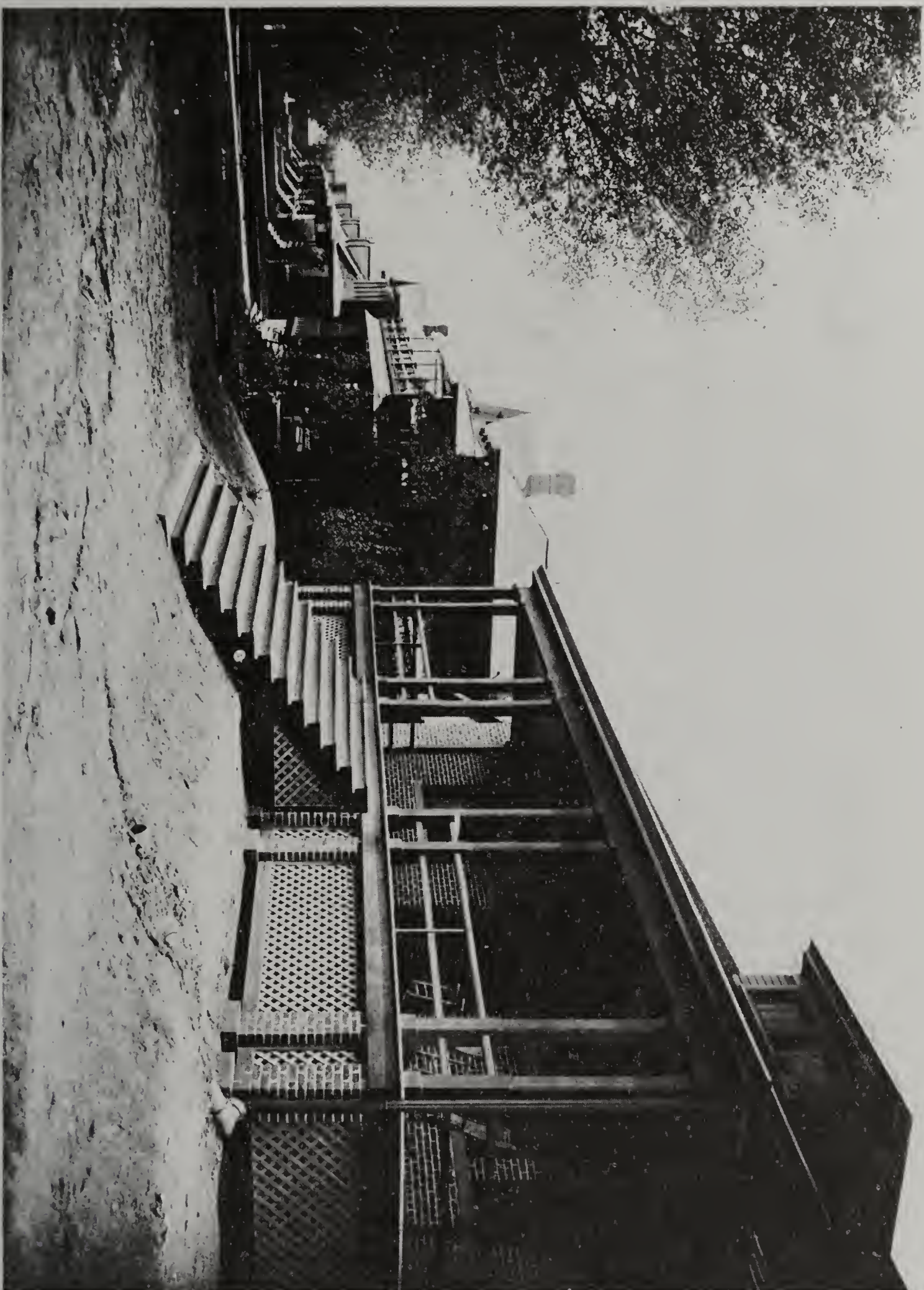
Then there is our hospital proper—two buildings, each able to accommodate forty or more patients. One receives the patients newly arrived at the Fort, the other those of the ambulants who require medical treatment and nurses' care. Here as elsewhere reliance rests upon the old tripod, good food, rest and fresh air. The work in the infirmary cannot fail to be sad, for in spite of all that can be done one occasionally overhears the standard good-bye: "Well, boys, I'll pass in my checks to-night." They rarely calculate wrong. One of such cases was a sergeant, twice honorably mentioned for gallantry in action, and the indifferent possessor of a medal of honor. The deeds he had done were so natural to a man of his calibre that he did not see why they should call for even a remark. They were nothing. Many a time he had rushed



AMBULANT TENTS AND WARDS.



THE SOLARIUM.



LABORATORY, NURSES' QUARTERS AND OFFICERS' LINE.

through the old sallyport to escape the foe, but this time he had brought his enemy inside. Pain was his mortal fear, not for itself, only lest it should weaken and make a child of him. Only once did he ever give sign that he knew the worth of his own mental steel. It was a few days before his death, and he was suffering intensely from an acute neuritis. Two patients in the ward had been telling the surgeon at some length of their rheumatic pains. He said in a low tone to me as I gave him his medicine later, his lip unconsciously curling in scorn, "If they suffered like *this* for one instant they would howl like dogs or cry like babies." He has been at rest from pain for months, but we shall never forget his courage nor cease to miss him.

But, thank God, there is another side to the picture,—for even the very ill ones do not all die. I have in mind one patient who had hemorrhages galore and none of them small. More than once 1000 c.c. He is at home now in New York, apparently well. A man of iron nerves, a cynic who was, however contradictory, it may appear, hyper-sensitive in his consideration for others. He even tried to suppress a hemorrhage one morning while breakfast was being served lest the appetites of his comrades be spoiled. The tell-tale little cough of course made this impossible. His first remark after it was all over was an apology for the discomfort he had caused the others.

The following record of a remarkable case is interesting and encouraging. The patient was an extremely nervous, almost hysterical man:

"Transfer card from Hospital, Fort —, New York. Diagnosis Chronic Pulmonary Tuberculosis, involving both upper lobes. History previous to admission: Has had several hemorrhages at one time for three nights in succession.

August 3, 1905.—Admitted to Infirmary June 17, 1905, on account of hemorrhage, 200 c.c. Bloody sputum continued for some days. patient had nineteen hemorrhages from July 6 to present date (August 3). The respective dates and quantities of each one as follows:

| 1905 | C.C. | 1905 | C.C. |
|--------------|------|---------------------------|-------|
| July 6 | 300 | July 28 | 500 |
| 26 | 125 | 28 | 350 |
| 26 | 100 | 29 | 15 |
| 27 | 45 | 29 | 1200 |
| 27 | 75 | 31 | 150 |
| 27 | 60 | 31 | 45 |
| 27 | 250 | Aug. 1 | 350 |
| 28 | 60 | 1 | 45 |
| 28 | 1000 | 1 | 55 |
| | | 2 | 150 |
| | | In eight days total | 4.775 |

Average temperature, pulse and respiration during these days was:

| | T. | P. | R. | T. | P. | R. |
|------|------|----|----|------|-------|-----|
| A.M. | 97.2 | 60 | 20 | P.M. | 101.4 | 114 |
| | | | | | | 28 |

Patient fairly well nourished, but rapidly losing weight.

Appetite poor; digestion poor; sleeps poorly; extremely nervous.

October 29.—Transferred to ambulant tents. The patient is now (not quite five months later) able to hunt arrowheads on the old battle-fields among the hills surrounding our post.

The main points in the treatment of this case, as in all similar cases here, seems to be to keep the patient's nervous system in a quiescent state, and lessen or reduce the blood pressure. This is accomplished by liquid diet or no diet for a short time and the interdiction of all stimulant. The treatment by adrenalin, so frequently referred to, appears not to have found favor in this institution. An ice-bag is placed over apparent seat of hemorrhage, and is continued for twenty-four hours after all indications of hemorrhage cease. Hot water bags are applied to lower limbs, and if there are any signs of nervousness morphine .016 hypodermically is given. Absolute quiet is enjoined, the patient lying on back with head low. In any case, however slight the hemorrhage, the patient is kept quietly in bed for two weeks. The third week he may sit in chair or be wheeled to porches. The fourth week he is allowed to go to table and bath. At the end of the fourth week he is, if all is well, usually transferred to ambulant tents. While this is a fair sample of treatment, it is modified of course to fit the needs of the variety of temperaments met with.

The officers' hospital consists of the dormitory, styled "Hotel de Bug," for convalescents and the hospital proper.

The nurses find their work most interesting. They have an eight-hour duty, and conscientiously spend a part of each day breathing ozone on the hills, as a preventive of any possible inroad of the dread disease among themselves. The home life is a very happy one, and all are glad to live the duty hours with the brave fellows who so insistently claim their right to life and happiness.

CHICAGO'S DEATH RATE 13.69 PER ONE THOUSAND.—According to the report of the Commissioner of Health of Chicago, that city is the healthiest in the world with one exception, namely, Berlin. The Commissioner shows a death rate of 13.69 per one thousand population for the year 1905. He attributes this low death rate to the rigid inspection of the stock yards, the restaurant kitchens and cold storage plants.—*Pacific Medical Journal*.

THE NURSING OF NERVOUS PATIENTS

OCCASIONALLY we hear some one remark, "Oh, I have only a nervous case. It doesn't amount to much. We read and drive and such things,—really a cinch, you know." But the nursing of a nervous patient is not a cinch by any means. It is, practically speaking, the most difficult form of nursing.

In the first place, one must not be nervous oneself. One must forget one's nerves, and when this has been accomplished, then there comes the difficult task of trying to make the patient become unconscious of hers, and still to treat those self-same nerves with all the proper respect that their owner demands and expects.

There are many methods, in these days of modern science, by which nervous patients are treated; many great men who are devoting their whole lives to this important study; but I think that I can safely say, that one and all of these methods and their originators agree that a nurse is a very essential feature of the treatment.

There is the famous rest-cure treatment (of Dr. S. Weir Mitchell) where the nurse must give the patient massage and electricity,* either local or general. There are baths to be given at stated times; diets to be attended to. Certain hours for sleep, certain hours for recreation, to be watched over.

Again we have patients who must be taken out and amused; there are stores, theatres, art galleries and museums to be visited.

A nurse may attend faithfully to all these details, but it will be of little avail unless she understands and is in sympathy with her patient.

Every person in the world has his or her own peculiarities, and the nervous patient is, of course, abounding in them. Now these peculiarities must be studied faithfully, and one must be able to judge whether it is for the good of the patient to humor them or ignore them.

Of course there is the general advice given regarding nervous people, "Keep their minds off themselves," but this must not be done too quickly. Never let a patient know that you are trying to draw her away from herself. It will probably either lead her to think that she is very ill, and that you are trying to keep it from her, or, on the other hand, you will hurt her feelings by making her realize that her troubles are imaginary, and that you are trying to divert that imagination.

[*Years ago Dr. Mitchell's nurses never gave the massage and electricity. Are they required to do it now?—ED.]

Always try to learn by a glance at your patient whether her mind is in need of light subjects, or of more weighty matters; and, again, learn when you are to talk and when keep quiet.

Always make the patient whom you are attending your particular study at that time; take her as you would some new language, and learn well her moods and tenses, her conjugations and expressions.

Whatever you do, do intelligently, for nervous persons are quick to distinguish lack of intelligence.

I fear that the general idea is, among nurses, that nervous patients are more or less fakes, to use a slangy expression.

We so often hear a nurse remark,—with a shrug of her shoulders, and a half satirical look.—“Oh, she’s only a neurasthenic,” or, “She’s hysterical, that’s all, don’t bother with her.”

If that nurse will stop a moment to consider, she will realize that both neurasthenia and hysteria are diseases, and must be treated accordingly. Truly, both of these diseases are practically an uncontrolled state of the nerves. But are the nerves in an uncontrollable condition in a strong, healthy person?

We must build up their systems with proper food and exercise, and at the same time feed their minds with healthy thoughts.

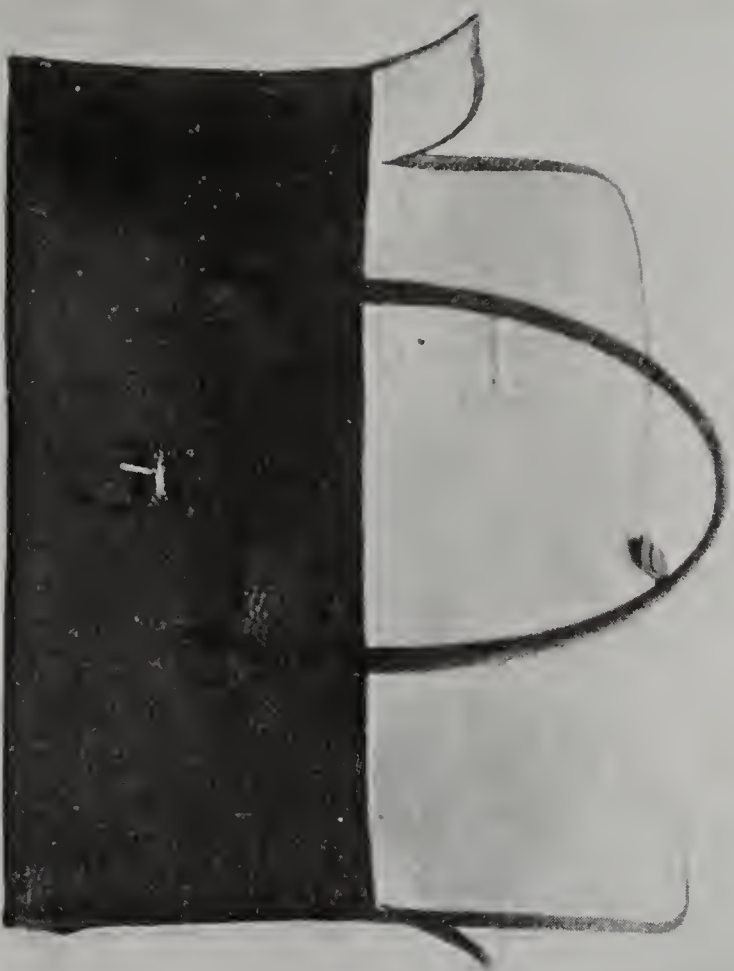
I once read a letter from a well-known physician in which, writing about the diagnosis of a patient, he said: “Miss B. had another attack last night; during each one of these attacks, which are growing more frequent, she appears to be suffering untold torture. It seems to be a form of hysteria, and yet the term is so widely misunderstood, that one hates to mention it in connection with an intelligent person.”

Later he wrote, “Thanks to good nursing and the proper care of her diet, Miss B. has regained her strength, and has almost fully recovered.”

Above all things, in the care of the nervous, remember to be bright, up to date, thoughtful, cheery, but withal firm, and we will find often that these details are more essential than the giving of an electrical treatment on the dot of the minute ordered.

MABEL JACQUES.

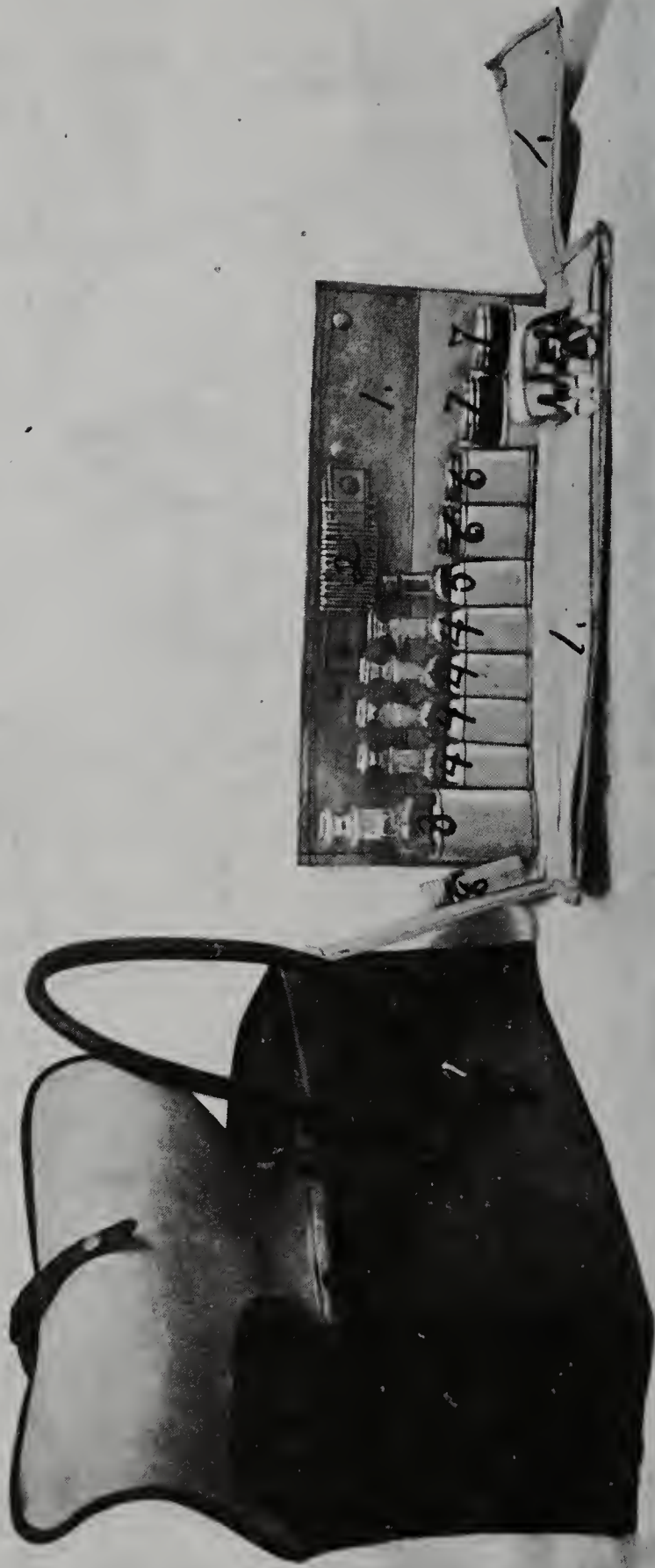
Today is your day and mine, the only day we have, the day in which we play our part. What our part may signify in the great whole we may not understand; but we are here to play it, and now is our time. This we know: it is a part of action, not of whining; it is a part of love, not cynicism. It is for us to express love in terms of human helpfulness. This we know, for we have learned from sad experience that any other source of life leads toward decay and waste.—*David Starr Jordan.*



BAG OPEN.



BAG CLOSED.



BAG OPENED: ADJUSTABLE LINING REMOVED.



BAG OPENED, SHOWING CONTENTS.

NURSES' SETTLEMENT BAG.

THE following cuts show the bag now used by the nursing staff of the Henry Street (Nurses) Settlement, New York City. The bag is made of leather and is provided with large leather handles to permit of its being carried on the arm, an abundant flap to protect the contents from exposure to the weather, and an adjustable lining that may be easily scrubbed, disinfected and laundered. It is 14 inches in length, 6 inches in width and 7½ inches in height. It contains—

- | | |
|---|---|
| (1)—1 adjustable lining. | (17)—1 apron. |
| (2)—safety pins—large and small āā 1 doz. | (18)—1 linen instrument case. |
| (3)—1 large bottle. | 1 caustic pencil. |
| (4)—4 small bottles. | tooth picks. |
| (5)—1 blue bottle. | 1 medicine dropper. |
| (6)—2 tall screw-top jars. | 1 syringe. |
| (7)—4 short screw-top jars. | 1 rubber catheter and connecting tube. |
| (8)—1 small screw cascara vial. | 1 glass catheter. |
| (9)—1 bowl or tray. | (19)—2 linen dressing cases. |
| (10)—1 nail brush. | 2 muslin bandages. |
| (11)—I roll Z. O. plaster. | 4 gauze bandages. |
| (12)—I box talcum powder. | 2 yards of gauze. |
| (13)—1 spatula. | 1 small roll absorbent cotton. |
| (14)—3 thermometers { mouth. rectal. contagious. | (20)—1 funnel. |
| (15)—1 pencil. | rubber tissue, writing pad, bedside notes and envelopes. |
| (16)—2 towels—dressing and hand. | |

PRICE.

| | |
|---|---------|
| 1 bag with adjustable lining and filled as per list | \$10.00 |
| 1 bag with adjustable lining without filling | 5.00 |
| 1 extra lining | 1.25 |

So many requests have been received for information about “bags” from other district nurses, that the Settlement has arranged to have this bag placed on sale at cost price, and all communications or orders should be addressed to Mrs. Roper, 36 East Thirty-seventh Street, New York City.

There is a story to the effect that Miss Alice Roosevelt received a postal card from a child reading: “Glad he ain’t no duke.” That isn’t grammatical, but it’s full of sense.—*D. & C.*

BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



THE MANAGEMENT OF BABIES. By Mrs. Leonard Hill. Publishers, Edward Arnold, 41 43 Maddox Street, Bond Street, W., London. Price, 2s. cloth, 1s. paper.

This little book, appearing in the "Wallet Series of Handbooks," along with other handbooks on the "Collecting of Miniatures," "Motor-ing for Moderate Incomes," "Hockey as a Game for Women," "Water Color Painting," etc., etc., might possibly be discredited for keeping the company it does, but a most agreeable surprise awaits anyone who may investigate. Having in mind certain learned works on the care and successful rearing of infants, written by learned and scientific gentlemen, Mrs. Hill's deliciously womanly and delightfully motherly little book is something to be received with gratitude and passed on to all who may be interested. For nurses it holds many a hint, but mothers will form the greater class of its readers. The proper feeding of infants makes up the greater part of the book, added to which are very sane and reasonable suggestions for clothing, sleeping, dosing, etc. There are warnings against undue alarm over every little disorder and a timely caution against the family medicine chest. The last chapter, treating of the development of intelligence, begins with tremendous seriousness, and introduces a long quotation from Herbert Spencer (!), followed by another from Emerson, but Mrs. Hill does not dwell too long on the great responsibility of parents, passing quickly to the joy and delight of a mother's privileges, which she is pleased to express in a most beautiful lullaby (printed 1620), beginning "Upon my lap my sovereign sits." For those who may be ignorant of the right and proper games and rhymes, she introduces those time-honored classics, "This little pig went to market," "Pit, pat, polt, shoe the wild colt," "Pat-a-cake," "Browbender," and many favorites dear to baby hearts; and in so doing she drops the rather scanty mantle of science with which she has appeared as a learned lady and displays the very charmingest mother that ever a happy, jolly baby had.

MATERIA MEDICA FOR NURSES. By Lavinia L. Dock, Graduate Bellevue Training School for Nurses. Publishers G. P. Putnam's Sons, London and New York. Price \$1.50.

Miss Dock's *Materia Medica*, already too well known to need any

introduction, appears in its fourth edition revised and enlarged by Miss Bean, of the Johns Hopkins Hospital Training School for Nurses. The book has grown considerably since its first edition, and the present volume conforms with the changes made in the newest edition of the United States Pharmacopœia, and many new drugs and new preparations are added. It is very pleasant to Miss Dock's friends to find her book well mentioned by the *Medical Journal* (New York) and other publications.

THE PHYSICIANS' VISITING LIST FOR 1906, Published by P. Blakiston's Sons Co., 1012 Walnut street, Philadelphia, Pa., provides memorandum space for twenty-five patients per week and includes very complete tables of signs, incompatibility, poisoning, the metric system, doses, and a new complete table for calculating the period of Utero Gestation. It is in pocket form and could be used with great convenience by nurses.

THE LONG DAY. The True Story of a New York Working Girl as Told by Herself. The Century Company, New York.

The popular saying that "one half the world does not know how the other half lives," is a very lame excuse often employed by stupid people, who use it in the belief that ignorance may be used like charity, to cover a multitude of sins. Of course, the saying can be used from any point of elevation from the highest to the lowest, and *vice versa*; but the favorite is the safe, comfortable, well-provided outlook of the better class, who perhaps are called upon to view the social disaster of some one in the lower walks of life and after the usual proper expression of regret comes the pat saying, and the subject is dismissed. Only occasionally some meddler or busybody may refuse to shelve the unpleasant topic without some inquiry, and introduces the unwelcome query, Who's to blame? Am I? Are you? Such a one was this New York Working-Girl when she wrote down the plain, uncompromising, hideous story of her efforts to keep life in her body honestly, without demanding decency, safety, or any of those surroundings which are blatantly and confidently proclaimed as the birthright of every American woman and the free gift to every alien women who comes to make this glorious republic her home.

A book almost without a man in it,—just a few impersonal shadows of men, if we except "brother Mason," the Moody and Sankey convert who on week days pilfered spices and perfumery for his lady and on Sundays as "supe" of the Mission Sunday School, did his "dirty best to push the gospel news along"—yet surely it is a book to be read by men

as well as women. Perhaps it is unfair to suggest that the men of our public school system are to blame for the existence of such a class of girls as formed the staff under Annie Kinzer at "Springer's," for, after all, the school system of New York stands well in comparison with other places. The laws governing compulsory education are just and wise; but who knows just how hard it is to enforce those laws, how near to impossible? The festering evil of child labor grows steadily, parents and employers connive to keep children at work when they ought to go to school, and the result is the "Phoebes," the "Celies," etc.,—slovenly drudges, ignorant, beyond conception, without religion, with their ideals formed in the school from which they draw such literature as "The Banquet in Misery Hall," "Little Rosebud's Lovers," etc. Is it possible that these girls can have had the eight or nine years in school which the law requires that they shall have had before they are allowed to take out their working papers? Then for that terrible home for working girls? How can it exist under such conditions if our State Board of Charities is anything more than a name. "The Board is required by law to visit, inspect, and *maintain a general supervision*, of all institutions, societies or associations which are of a charitable, eleemosynary, correctional or reformatory character, * * * * and to make an annual report to the Legislature." It would seem that our respectable legislating body is fathering some curious institutions.

One feels inclined to quarrel with Miss Rose Fortune for allowing herself to be extricated from the difficult position by a seeming accident. One would like to see so good a fighter win alone, but when we realize that this is a true story we must be grateful for her rescue at such a terrible climax in her misfortunes. Every reader will echo the author's wish that some of the great capitalists of New York would be moved to invest some money in working-girls lodgings or hotels. We want no more *homes*, but surely there are men who would willingly invest with the idea of getting small interest on their money if they might have big dividends from the satisfaction of knowing that they have made it as easy and safe for a working woman to find temporary hospitality as it is for men. The Mills' hotel for men it is believed, have justified their founder in the wisdom of his experiment. Is there anyone who would do as much for women and girls? We hardly agree with the author regarding religion,—not, indeed, when she says that she believes "in the supreme efficacy of organized religion in relation to womanhood and all that pertains to womanhood," but in her implied idea that the church must adapt itself to the people. Surely we have had evidence enough that until the people themselves seek the church and get

into proper relation with it and proper attitude toward it, the church will be no great power in the life of any class of people.

The author concludes her summary of the reasons for the wrongs, social, economic, and moral which surround the working girl, with the opinion that the ultimate working out of this vexed question lies with the working girl herself. She alone knows the conditions, and from her must come the consideration of the question of how to attack and correct existing wrongs. And here the author sees no hope of present activity. No; the Moonlight Maids and Pleasure Clubs seem to the average working girl of the factory class more desirable than plunging into new difficulties. She has grown used to her chain and ball. If things are bad there is no telling how much worse they might be, and so they struggle, patiently, through the Long Day.



"You have been with that firm a long time," said the old school friend.

"Yes," answered the man with the patient cast of countenance.

"What's your position?"

"I'm an employee."

"But what is your official title?"

"I haven't any official title. It's like this: When the proprietor wants something done he tells the cashier, and the cashier tells the bookkeeper, and the bookkeeper tells the assistant bookkeeper, and the assistant bookkeeper tells the chief clerk, and the chief clerk tells me."

"And what then?"

"Well, I haven't anybody to tell, so I have to go and do it."—*Judge.*

ANNUAL CONSUMPTION OF EGGS IN HOSPITALS.—There are four thousand hospitals of all kinds in operation in the United States. This does not include institutions for special classes of cases like consumptive or epileptic homes, or hospitals for alcoholics. The annual expense of running these four thousand hospitals is three hundred and fifty millions of dollars. As a single item indicating the vastness of hospital management it is carefully estimated by reports from superintendents that they consume annually sixty-five million dozen of eggs.—*Deaconess Advocate.*

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



STATE SANITARIUM AT BEELITZ

AT Beelitz, about an hour's ride from Berlin, is an institution which I regard as being about the most remarkable that I have ever seen.

It is the sanitarium of the "Landesversicherung" of the district of Berlin for tuberculosis and other disorders which tend to become chronic, such as rheumatism, etc.

Not only as an institution is it peerless and unique, but its manner of foundation is peculiarly interesting and characteristic of Germany, and so different from anything known in our American experience that before describing it some account must be given of the state insurance laws of Germany. No other country in Europe has such legislation as Germany in regard to provision for old age and sickness among working classes. It is generally well known that Germany leads the world to-day in organized war upon tuberculosis and in a wide-spread and efficient system of sanatoria, but it is not equally well-known that this development of sanatoria is the direct result—certainly a result not foreseen by the founders of the laws—of the compulsory insurance against invalidity.

Without attempting a thorough or scientifically detailed account of this legislation, which indeed would require pages and pages of print, I will try only to give a simple outline of the characteristic features of the laws and the way they work.

1st. The "Krankenkasse," or sick funds.

The laws regulating this are older and are not a part of the old age and invalidity insurance. They aim at provision for short, acute, or curable illness, such as is treated in a general hospital. All working people must belong to a "Krankenkasse" either of their locality or town, and the principle is, that the laborer himself pays a small weekly contribution (only a few cents a week) and the *employer also* pays for each of his employees a weekly contribution. Then for each person the public funds contribute a certain share. This fund provides for temporary illness. Thus in the city hospitals of Germany there are almost no *free* patients, but the day laborer, for instance, who in New York would

be carried to Bellevue or the free wards of the New York or some other big hospital, is a paying patient in the German hospitals. His "Krankenkasse" pays for him as a third-class patient, about sixty cents a day. All of the Red Cross and Deaconess hospitals take a certain number of third-class patients, and the great city hospitals such as Charité and Moabit take only this class of patients and no other. What we call "pay patients" are designated as "second" and "first" class, according to the prices they pay for private rooms. If the member of the "Krankenkasse" is not a hospital patient his sick-pay is given to him at home. I believe it is also possible for his family to receive assistance if necessary while he is in hospital.

2d. The "Alters und Invaliditäts Versicherung," the insurance against old age and loss of health.

This is newer law, established in the time of the old Emperor William and Bismarck, and, like the sick fund, this insurance is compulsory for the great mass of workers. The principle is the same as the sick fund: every worker pays a fixed sum (very tiny) and every employer pays for each employee a fixed sum, and the state adds for each insured person about twelve dollars a year.

As to the old-age insurance, every insured person at the age of 70, receives an old-age pension, whether he be sick or well. (I use the classical expression "he," but "she" who works is also included.) True, the pension is very small, yet enough often to make the difference between independence and pauperism. The provisions for loss of health cover the whole period, no matter how long, during which the worker may be physically incapable of work, beginning at the point where the "Krankenkasse" leaves off. Thus working people who from any cause, no matter what, are reduced in health to below the self-supporting capacity, get their invalidity payments regularly up to the point where their old-age pension comes due.

Now the far-reaching and impressive result of this part of the compulsory insurance laws is shown in the fact that, from being simply an incoming-paying relief agent in sickness, the state insurance has developed into the most gigantic and systematic agency for *prevention* of preventable illness and for the *curing* in early stages of diseases which tend to become incurable if neglected.

It was found that it was better to prevent invalidity than just to support it, and therefore over the entire German Empire the state insurance has established sanatoria for all debilitating diseases but preëminently for tuberculosis. This is the unique feature that impressed me most at Beelitz, for it must be remembered, these Sanitaria

are entirely for the working populations, not for "pay patients." There are plenty of other sanatoria under private management where the "2d and 1st class" invalids can be treated. For convenience in administering the law the whole empire is divided into districts, and the sanitarium of Beelitz belongs to the district which comprises solely the city of Berlin. Owing to the large population of this district and consequent wealth of the insurance department Beelitz is the finest of all the state sanatoria. It has something like three and a quarter million dollars—thirteen million marks. This sum may give an idea of its capacity and adequacy. It is situated in a district of pine and fir forest, of which it owns an immense tract, I do not know how much. At one side of its tract lies the tuberculosis colony, and at the other side the colony for rheumatics, nervous and debilitated cases. It is, of course, the aim to send all cases in as early a stage as possible. At present the pavilions accommodate only four hundred patients on each side, as the plan is to enlarge the bed capacity according to necessity. Thus the administration buildings, power house, electric plant, kitchen, laundries, sterilizing departments, store-rooms and cold-storage are all built upon a scale which will make them easily adequate to trebled or even quadrupled demands, and, in the near future, several hundred beds will be added for women on the tuberculosis side. The distances are naturally great, and there are underground passages or tunnels which I did not go into. The first thing that strikes one is the extreme beauty of the architecture of all buildings, copied from old German styles, being a combination of red brick, yellowish brown plaster, and timbering, with dull red tiled roof. Next striking on the tuberculosis side are the rows or scattered groups of little wooden shacks where the patients recline in their long chairs. They do not sleep out of doors here, as the air is damp at night, but spend the whole day lying in these little half-open, half-covered shelters, placed with their backs to the prevailing winds, and open sides to the sun. The pavilions proper are single ones, one for men and one for women, built in the same beautiful style as the other buildings and two stories high. I have never seen more beautiful pavilions, superb with the effects of spaciousness and the sumptuousness of modern aseptic fittings, white tilings and glass, nickel, marble, and porcelain. To the aseptic splendor is added a charm of ornamental and unexpected architectural details in lines and proportions. Thus in the great dining-halls the windows are not just fine big windows but are artistically delightful windows that one's eyes rest upon with pleasure. The ceilings are not just plain ceilings but are beautiful Gothic ceilings, and the men's din-

ing-room especially is not unlike the hall of state in a German Rathaus. By the way each dining-hall has an orchestrion to make music during meals. Also, exceedingly pleasing color effects have been introduced by stenciling the lines of dado and ceiling in artistic leaf patterns and soft colors. This is all oil paint and of course washable. The lavishness and bigness of all the accessory rooms, serving kitchens, linen-rooms, and nurses' work-rooms, is especially striking; bath-rooms of the ordinary kind are overshadowed by the amplitude of rooms for showers and sprays of every variety; for instance, there were twelve different fixtures in one room, each of which made a different shape (so to speak) of spray,—one spray long and narrow, another small and round, another fan-shaped, etc., etc. Another was a steam spray. Then there were rooms for wet packs, where the patients reclined on long couches; and rooms where either cold or hot water circulates directly from the tap through rubber coils on the chest or abdomen of the patients whose reclining chairs are placed comfortably on either side of the fixture. (No laboriously climbing to fill an ice-pail mounted on a ward table, while a humble bucket receives the outflow. The outflow is carried off through the same plumbing fixture.)

For all utensils, bed-pans, basins, brooms, scrub-brushes, etc., they have not closets but rooms—big, airy, and open. There are rooms where the patients go to wash in the morning (no toilet apparatus of any kind is in the sleeping-rooms) where the walls are lined with porcelain fixtures with hot and cold water, all separated by wire-glass half-screens. As no patient is allowed to cleanse her mouth into the ordinary fixtures, the centres of these wash-rooms contain special fixtures for gargling and rinsing the mouth. A glass stands on a nickel ring and a jet supplies water for the glass. The fixtures are just a convenient height as the patient stands, and are big funnel shaped porcelain receivers with a circular water supply like a small whirlpool, which is worked by a pressure of the foot. I don't know what becomes of the water but am sure it is well looked after. These fixtures are also separated by wire-glass screens.

Then there are the sterilizers,—one for the glass sputum cases and one for all clothing before it goes to the laundry. These stand in marble tile-lined rooms and the shaft where the clothes are dropped for the laundry is also marble-lined. Also in each pavilion is a room where clothes must be brushed and boots cleaned. Hydrotherapy is greatly used in the treatment of tuberculosis, and to a limited extent, muscular exercises also. These are provided for in a special room. The patients' bedrooms are almost all window, are absolutely simple, and may contain

as many as four patients but not more. On each little bedside table stands a large bowl with a folded towel in cold water, and upon rising, before any clothing is put on, certain "wet frictions" are performed.

While on the tuberculosis side the conveniences for hydrotherapy seem lavish, they are insignificant compared with the other side, where an entire enormous pavilion, more stately and imposing than the houses of many princes, is devoted entirely to baths and muscular exercises. The entrance, with broad double stairways and corridors ~~banked~~ with green plants, might be the entrance to some beautiful museum. Besides every form of water treatment there are the hot-air baths and the electric and the blue-light baths in wooden cases, with the head only emerging from an opening, and the plunge baths, and the mud baths. These most unattractive looking baths are excellent for rheumatism and are lavishly used in spite of their cost, which as the mud is never used twice even for the same patient, is about seventy-five cents a bath. A great deal of massage is given, and in many cases, instead of an oily lubricant, soap and water is used to lubricate. Oil is now only used in massage if the doctors order it specially. Finally there is an immense hall with outfit of the Zander Swedish apparatus for passive and resistive movements, such as I have seen at home only in expensive private sanatoria like Battle Creek.*

The food in Beelitz is abundant and of the best quality. The nursing is supervised by fully trained nurses, who have under them men and women attendants, and there is a trained matron or Oberlin at the head. It is in keeping with the whole character of the place that the nurses and attendants are well lodged and cared for, have generous salaries (for Germany unusually so), proper time for rest, and are not overworked. They wear very trim and pretty uniforms, the nurses blue with their hospital cap, the attendants pink without a cap, the men a seersucker. The force of housemaids and cleaners is also unusually ample.

We had coffee and cake in the cheerful little sitting-room of one head nurse, and a delicious supper of eggs and cold meat and salads in the private dining-room of another. We spent half a day in seeing the place, and should have had a whole day. We visited the matron, who was a Victoria House sister, but saw no doctors, who have their own separate little villas on the grounds. The whole thing was a revelation, and it would be hard to think of a detail in which it could be improved.

* The Massachusetts General Hospital has a very complete "Zander" outfit.—ED.

ORGANIZATION NOTES

THE German Nurses' Association has launched its official journal under the title "Under the Lazarus Cross," with sub-title giving the name of the association, and bearing the insignia of an ancient nursing order now inherited by the new one, a square red cross with triple-headed arms. The journal will appear every two weeks, and will be taken by each member of the association, now counting close to a thousand members.

We congratulate the German nurses most warmly and hopefully on their journal, for it will be an immense help to them in the hard struggle before them in attaining the purpose they have set themselves, of defending the right of women to earn their living in nursing as a secular calling. The German nurses have no easy path before them, and their officers have heavier responsibilities and burdens than those borne by any of our older organizations.

None of us can imagine being suspected of irreligion or heresy because we do not go into religious orders, but in Germany, where the conditions of modern economics are inexorably bursting the bonds of the century-old social systems, women who desire to work under free conditions are brought to the bar to defend themselves and their principles. But the old orders cannot provide enough nurses for Germany, and free conditions of service can and will.

Sister Agnes Karll and her little band,—small in numbers but great in heart and mind,—have our good wishes and warm sympathy.

THE "BOSSSES" OF THE ROYAL BRITISH NURSES' ASSOCIATION

It is really enough to make one tear out one's hair by the roots and to despair of womankind to read the recent proceedings of the R. B. N. A. The narrow-gauge men whom these women have been foolish enough to elect as officers, and whose tactics are those of the political "boss" are determined that there shall not be a fair representation of nurses on the Central Board under state legislation. Next month we will give a little more space to this matter.

In this country the accepted principle of state examination is that the persons who train shall not also examine and pass their pupils, but that this shall be done by an impartial body, viz.: the members of the whole profession, whatever it is. But this is too impersonal and democratic for the bosses of the R. B. N. A., hide-bound in traditions of

privilege, and scared to death of nurses forgetting their place and having something to say about their own affairs. It is really a pity that the R. B. N. A. ever changed its mind back again for registration. But the Society for State Registration is still there.

THE nurses of the great French hospitals, according to an open letter addressed to the Director of the department of public charities, in the press of Paris, are a prey to tuberculosis on account of the frightfully insanitary conditions of the way they have to live. The descriptions of the bedrooms and accommodations provided for them reads like an account of the "cells," now abolished, of old Bellevue. It is said that out of 5,000 employees in the department some 3,000 are tubercular,—a hideous record, and stirs up again the old question, What is the sense of making one set of people sick in the pretense of making another set well?

DOCTOR HAMILTON has kindly sent us a copy of the translation of Miss Lücke's book on Hospital Sisters and Their Duties into French. It has been translated by Mme. de Luze, who has published it at her own expense, and has a preface by Dr. Hamilton.

MISS SUSANNAH H. HIGGINS, a graduate of the Philadelphia training-school for nurses, has been appointed missionary nurse at the Elizabeth Bunn Memorial Hospital, Wuchang, China.

DR. J. H. SEQUEIRA has published an elementary treatise on the Light Treatment, for the use of nurses. It is published by the Scientific Press, London.

THE organized nurses of Victoria, Australia, are considering steps for founding a club-house or apartments.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



SIMPLE TREATMENT OF POISONING WITH MALEFERN.—The *New York Medical Journal* says: Malefern (aspidium), which is so often used in the treatment of tapeworm, sometimes produces very serious poisoning even after moderate doses. Thus twelve grammes of the extract produced a condition of collapse in a very strong patient, and injections of camphor and other remedies were tried without success. A very simple remedy was then administered, namely, the juice of a lemon, which immediately relieved the patient's symptoms and very quickly produced vomiting, after which the patient rapidly recovered. In giving the extract of malefern for the removal of tapeworms, Apolant (*Deutsche medizinische Wochenschrift*, 1905, No. 44) recommends the use of a powder consisting of five grains each of menthol and sugar of milk. This is given in wafers half an hour before the tapeworm remedy is taken. Other remedies which are recommended for the prevention of poisoning after taking malefern are black coffee and peppermint."

PATENT MEDICINES.—The *Journal of the American Medical Association* is carrying on a strenuous crusade against the traffic in patent medicines. This subject is also being dealt with in no uncertain manner in *The Ladies' Home Journal* and *Collier's Weekly*.

A few facts are instanced here to show the necessity of this campaign.

A nostrum called Dr. Bull's Cough Syrup, in which morphine is a principle ingredient, is said to have caused two deaths, that of an infant named Keck and a child two years old in Morocco, Indiana.

Pink Pills for Pale People, advertised to cure paralysis, are a compound of green vitriol, starch and sugar.

Peruna contains about 40% of alcohol. It would be better to give *spiritus frumenti* without disguise.

Most of the patent medicines owe what efficacy they possess to morphine, opium, cocaine, strychnine, or alcohol. Powerful drugs, not

to be administered *ad libitum*, without prescription, and certain in many cases to produce when continued confirmed drug habits.

Dr. Frank G. Wheatly, of North Abington, Mass., says: "It has been demonstrated that as much antiseptic value can be obtained from a solution of any of the common antiseptics for one cent as from \$4.95 worth of *Listerine*."

NURSES IN CHARGE OF TUBERCULOSIS CASES.—Dr. John H. Nichols, Superintendent State Hospital, Tewksbury, Mass., as reported in the *Boston Medical and Surgical Journal*, says: "We teach" our nurses "about the micro-organism, the tubercle bacillus, without which the disease cannot exist. The great safeguards against tuberculosis are cleanliness, fresh air, sunlight, moderate exercise, regular habits of eating, sleeping, and bathing, especially of outdoor life."

These prophylactic measures keep the nurse in a condition to resist bacilli which may be accidentally inhaled and prevent their finding suitable breeding-ground in the lungs. Nurses should avoid inhaling the breath of these patients when working over them or talking with them. The sputa should be received in paper receptacles, or gauze handkerchiefs, and, as the chief source of danger, immediately burned. All dust must be speedily removed from the room by wiping with damp cloths, which are afterwards carefully disinfected.

In fourteen years, during which time over 5000 cases, mostly in the advanced stages of the disease, were cared for, Dr. Nichols knew of only one case where attendant, nurse, or physician had beyond doubt contracted the disease in the wards or in discharge of their duties. He believes no competent physician, or nurse, should exhibit any timidity whatever in caring for consumptives when allowed to control the sanitary arrangements.

SURGICAL SUBSTITUTES.—Says the *American Journal of Surgery*: "A scroll saw, with an assortment of a dozen saws, can be purchased at the hardware store for twenty-five cents; it is ideal for resection of the small bones of the hand and foot, for amputations of the digits, etc. Well tempered carpenter's chisels and gouges, and a carpenter's wooden mallet answer the purpose admirably for bone work. A useful bone drill can also be selected from the stock of the hardware dealer. A gardener's pruning knife and a carpenter's mitre saw are the best tools for the removal of plaster dressings. A cheap potato knife, rough sharpened on a stone, is excellent for cutting through starch bandages.

Crochet needles are most useful for lifting stitches out of a sinus. Knitting needles find another purpose as a means of rupturing the membranes when this is needed in obstetrical work. Sharp and blunt retractors may be fashioned, in an emergency, by bending the tines of a fork and the handle of a spoon, respectively. A teaspoon is also useful as an elevator of the eye, when resection of the superior maxilla is performed. An inverted tea strainer is useful in the dressing after colostomy, to prevent pressure of the gauze upon the gut. A spoon-shaped potato cutter may be used, in an emergency, as a wound curette. Similarly, applicators, probes, and depressors may be improvised by twisting stout copper wire. The multiple surgical uses of the hair pin are also well known. Of stouter material, if necessary, a small self-retaining speculum can be quickly made from steel wire; it often obviates the need of an assistant when searching the hand or foot for a foreign body. A wedge of hard wood makes a gag quite useful, often, when administering anæsthesia. A discarded thermometer case (or a hard rubber douche point) is a serviceable handle in which to mount, with candle grease or adhesive plaster, a stick of silver nitrate. Steel spring tape measures are better than the wires generally sold for the purpose, for conducting to an X-ray tube the current from the coil or static machine; easily kept taut, and quickly adjusted, they are safest for the patient and most convenient for the operator; that they are not insulated is inconsequential—the coverings on the regular wires do not insulate the induced current. Cheap powder blowers, such as are used for insecticides, may be employed as insufflators in surgical work, and pepper boxes are useful for dusting powders. Wooden skewers are serviceable nail cleaners. Rolling pins and kitchen towel racks are very convenient for adhesive plaster, rubber tissue, etc., especially for hospital dressings. Grocers' bags are the most serviceable receptacles for soiled dressings. Tar paper is a smooth, fairly waterproof material to tack on the floor when preparing a room for operation."

UNION OF SEVERED NOSE.—The *Medical Record* notices an interesting case recorded in the *British Medical Journal*. A young woman lost the tip of her nose in a bicycle accident. The portion, measuring about three quarters of an inch from side to side, half an inch vertically and less than an eighth of an inch in thickness, and containing little cartilage, was picked up, placed in warm water for a few minutes, washed in lysol 1-40 and secured in position by four catgut stitches. The wound was painted with compound tincture of benzoin and a few

shreds of cotton wool saturated with this liquid applied. The patient was kept in bed about ten days and the wound healed by first intention.

THE EVILS OF EXCLUSIVE MILK DIETS IN CERTAIN FORMS OF INFANTILE DIARRHŒA.—The *New York Medical Journal* says: "Carre-
tier, quoted in *Repertoire de therapeutique*, recently submitted a thesis to the Faculty of Bordeaux, in which he maintained the following propositions: Milk, which is the food of choice for infants who are in perfect health during the first eight months of life, may be a cause of fatal digestive troubles, when given to infants suffering from diarrhœal diseases. Beginning with the eighth month, milk can be well borne as late as the sixteenth month, but weaning is often begun at the eighth month by adding other articles of food. An exclusive milk feeding administered in the course of the second year, or a too great quantity of milk given together with semisolid food, may produce a rebellious dyspepsia, which will not cease, save after a change of the diet to a farinaceous or leguminous food. This dyspepsia at times does not disappear until the milk is entirely banished from the dietary and is replaced by water in the preparation of the foods given to the infant. Some dyspepsias at the end of the first period of infancy, and at the beginning of the second period (that is, after the eighth month), are aggravated by a milk diet. In such cases of course the change of food recommended above should be also adopted.

THE ICE BAG IN THE PRECORDIAL REGION FOR REDUCING TEMPERATURE.—The *New York Medical Journal* says: "M. Leduc advocates (*L' Union Médicale de Canada*, from *Revue de therapeutique*) the prolonged application of the ice bag to the precordium in the treatment of fever. He considers it an efficient substitute for the cold bath in some cases. The ice bag is separated from the skin by one or more layers of flannel, and is kept in place by a roller bandage. Caution is advised against removal of the cold application, which should remain in place until the temperature has remained for several days at the normal. One peculiar effect observed was that the action of antipyretic agents was notably increased by the ice bag."

RAW MEAT ALIMENTATION IN TUBERCULOSIS.—The *Medical Record*, quoting from the *Lancet*, says: "R. W. Philip records the results of a series of observations. He found that the exhibition of raw meat was

followed by a marked increase in nitrogen retention, even with a diminished intake. Intestinal metabolism was improved, there was a rapid increase in hemoglobin, while digestive leucocytosis (lymphocytosis) was increased, sometimes to more than double that occurring in relation to cooked meat. The following recipes are given for the actual preparation of the meat: (1) Pounded raw meat; that is, finely minced or bruised beef slightly seasoned with salt, served natural, cold or gently warmed throughout, say from a quarter to half a pound, three times daily. The meat should be perfectly fresh. (2) Beef juice prepared as follows: extract half a pound of *fresh* meat in half a pint of cold water plus half a teaspoonful of salt for from one and a half to two hours at 35° C. Express the liquid through a cloth. Or the juice may be expressed from the meat directly without the addition of water with more powerful pressure. The meat juice must be freshly prepared for use on each occasion. (3) Raw meat soup prepared as follows: Take half a pound of finely minced *fresh* meat and mix in a bowl with sufficient milk to produce a thick uniform paste. Immediately before serving add half a pint of milk at 60° C.; or the soup may be made in a similar fashion with stock of beef or chicken, or veal, in place of milk."

X-RAY IN THE TREATMENT OF CANCER.—The *Medical Record*, quoting from the *Lancet*, says: "Results in ten cases are reported by Chisholm Williams. All were superficial growths, the accuracy of diagnosis being supported by the microscopical findings. The question is often asked, says the author, 'When should *x*-rays be tried?' His reply is 'as soon as the diagnosis is made,' whether the case is to go to the operating table or not. After operation, directly the scar is healed or even before that time if it shows the slightest appearance of being sluggish in the healing, a nodule of the size of a pea should have immediate treatment whether in the scar or not; this requires for its proper fulfilment constant observation by the medical attendant. A weekly examination is of the utmost importance to the patient. Even healthy wounds will heal the more readily under the stimulation of *x*-rays cautiously applied and in small doses, sufficient protection to the surrounding parts being all that is necessary. This form of treatment can be applied with any degree of safety only by medicinal practitioners; some terrible results have occurred in the hands of laymen and this fact has probably deterred patients and their advisers from taking full advantage of such suitable measures. One cannot promise, except in small superficial growths, a cure, but one can almost invariably obtain a measure of alleviation."

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

THE ASSOCIATED ALUMNÆ MEETING

At the request of the nurses of Detroit, Michigan, the date of holding the Ninth Annual Convention of the Nurses' Associated Alumnæ has been postponed from Tuesday, Wednesday, and Thursday, May 1, 2, and 3, 1906, to Tuesday, Wednesday, and Thursday, June 5, 6, and 7, 1906.

NELLIE M. CASEY, Secretary,
814 South Tenth Street, Philadelphia.

ASSOCIATED ALUMNÆ TRANSPORTATION RATES

MEMBERS planning to attend the convention in Detroit, in May, are notified that arrangements are being made for a reduction in transportation, full particulars of which, with the address of the chairman, will be published in the April JOURNAL. Members are asked to bear in mind the necessity for sending in names as soon after April 1, as possible.

MARY E. THORNTON,
Chairman, Committee on Transportation.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOL FOR NURSES

THE Twelfth Annual Convention of the Society of Superintendents of training Schools for Nurses will be held in New York during the last week in April, beginning on Wednesday the 25th and lasting until the 28th. The meetings will, it is hoped, be held at the Academy of Medicine, a place familiar to all of us as the building in which three at least of our previous Conventions have been held, the last in May, 1900. Since then the Society has met in Buffalo, Detroit, Pittsburg and Washington. A programme has been arranged by the council for the coming meeting, which it is believed will be not only exceedingly interesting, but of much practical usefulness. Following the excellent paper presented by Miss Samuel last year dealing with the subject of "Economy in Hospital Work and Administration" from a general standpoint has come the suggestion that a careful study shall be made of the administration of each department of hospital work in relation to the cost of service and maintenance,—the purchase and use of supplies. The following departments or branches have been chosen as subjects for papers this year:

"The Furnishings and Equipment of Wards—Free, Private and Isolation, and of Nurses' Homes;" "The Economical Purchase and Use of Drugs;" "Eco-

onomy in the Equipment and Management of Laundries;" "In the Equipment and Management of Operating Rooms; and "In Buying and Using Surgical Supplies."

Papers on these subjects are promised by Miss Lucy Walker, Pennsylvania Hospital, Miss G. M. Nevins, Garfield Hospital, Miss Lena Lightbourne, Trustee-in-charge of the Hospital of the Good Shepherd, Syracuse, Miss Shaw, Presbyterian Hospital, and a good many others. Miss Boardman is coming from Washington to tell us of the "New Organization of the Red Cross," and Miss Dock will contribute a paper on some interesting phases of our work.

There are one or two other subjects touching closely upon nursing work on which it is hoped we will have papers, and it is probable that a "Demonstration" of some practical methods of nursing will be given in some one of the New York Hospitals. Altogether the arrangements for the Convention to date promise that the meeting will be unusually instructive and interesting. Miss Maxwell, Superintendent of Nurses of the Presbyterian Hospital Training School, is chairman of the Committee on Arrangements, and it is probable that all details will be completed in time for a further announcement in the next number of the JOURNAL. It is hoped there will be a full attendance of members.

M. A. NUTTING, Secretary.

STATE MEETINGS

MICHIGAN.—The second annual meeting of the State Nurses' Association will be held in Ann Arbor, April 4, 5, 6, 1906. An interesting programme has been arranged. The Executive Board have been fortunate in securing Miss Sophia F. Palmer for an address on State Registration.

MISS CATHERINE M. GIFFORD, Corresponding Secretary.
Grand Rapids, Michigan.

CONNECTICUT.—The meeting of the Connecticut Board for Examination and Registration of Nurses that was scheduled for January 18 was postponed to February 8, when the board met at the office of the secretary, 1423 Chapel Street, New Haven, Connecticut. One hundred and eleven applicants were registered by the board, giving a total of one hundred and sixty-six registered nurses in the state of Connecticut. The work is progressing and the nurses are responding very enthusiastically. The board has held but two meetings for the work of registration since the passage of the Act that went into force July 1, 1905, and in the future will meet the first Wednesday in June and January of each year.

R. I. ALBAUGH, Secretary.

MARYLAND.—The Maryland State Association of Graduate Nurses held its third annual meeting on January 30 and 31, 1906, in Heptasophs Hall, Baltimore.

The first session was called to order on Tuesday, January 30, at 3 P.M., the president, Miss M. Adelaide Nutting, in the chair.

The invocation by Rev. Edwin B. Niver, rector of Christ Protestant Episco-

pal Church, was followed by an address of welcome by Dr. John S. Fulton, secretary of the Maryland State Board of Health.

Following this Miss Nutting gave her annual address. Attention was called to the prosperous condition of the society and as an evidence that the interest had deepened and widened among the nurses stated that nearly one hundred new members had been received and welcomed during the year. The president especially commented on the great field still uncovered, and in closing her remarks said: "Our power and influence as a society depends upon our recognition of the fact that we are formed really to promote the welfare of others and it should be our constant earnest effort to find where we are most needed and with united purpose and perfect sympathy bend ourselves to our task."

The reading of papers followed and the subject of "State Societies: Their Work and Opportunities" was presented by Miss Ada M. Carr, of the Johns Hopkins Hospital.

Mrs. Kinney gave a short instructive address endeavoring to explain some of the misunderstandings in regard to army nursing.

Miss L. L. Dock, Honorable Secretary of the International Council of Nurses, gave a most interesting talk on "Efforts Towards Registration for Nurses in European Countries."

Miss Sara E. Parsons, superintendent of nurses of the Sheppard and Pratt Asylum, Baltimore, read a very instructive paper on "Newer Methods of Nursing the Insane."

A paper by Miss Reiba Thelin, school nurse, Baltimore, gave a most encouraging report of the year's work of the nurse in Baltimore public schools.

The morning meeting on the second day was the business session.

Reports of the executive committee and of the various other committees showed that the society in every way was in a prosperous condition. The society numbers three hundred and eleven members.

The secretary of the Maryland State Board of Examiners of Nurses reported having received about two hundred and fifty applications for state registration. There are now in Baltimore thirty hospitals and sanatoriums, fourteen of which have training-schools. These schools are making every effort to bring their work up to the standard.

The work and needs of the Maryland State Association for the Prevention of Tuberculosis was freely discussed and it was unanimously voted to affiliate with the society. It was also voted to undertake as a society, the support partially or entirely of a visiting nurse for tuberculosis.

The nurses were enthusiastically in favor of this undertaking and about one-third of the sum needed was pledged toward her support at this meeting. A committee was appointed to look after this work and it is confidently expected that eventually the full amount will be raised.

The subject of a central directory caused animated discussion and a committee was appointed to make a study of this subject and report at the next meeting.

A delegate was appointed to attend the meeting of the Associated Alumnae to be held in Detroit in May.

The meeting adjourned to partake of luncheon which was served to the members of the society in the banquet hall, by the nurses of the Alumnae Asso-

ciation of the University of Maryland Hospital, and our thanks are due these nurses for the generous hospitality so graciously extended.

The closing session was called to order at 3 o'clock.

An interesting paper was read by Miss Mabel T. Boardman, a member of the executive committee of the American National Red Cross, on the late Red Cross work in Russia and Japan.

A most excellent paper on "The Problem of Caring for Contagious Diseases in Baltimore" was presented by Miss Grace O'Bryan, of the Johns Hopkins Hospital Alumnae Association. Miss O'Bryan emphasized the great need of a hospital for contagious diseases in Baltimore, and described the difficulties which confronted a nurse in any attempt to attend a contagious case, saying that not only was there no provision made for the patient but the nurse could not be sure of attention if she contracted the disease in the discharge of her duties. The subject was such a timely one that the society voted to have copies of this paper printed and widely distributed.

Mrs. von Wagner told of her work as tenement-house inspector in her usual interesting manner.

The next subject considered was "Child Labor," and addresses on this subject were made by Frederick T. Dorton, Esq., and Dr. Charles H. Bunting.

At the conclusion of these addresses the association adopted a resolution endorsing the proposed bill governing child labor, which Mr. Dorton has recently introduced in the Maryland Legislature.

The following are the officers for the coming year:

Honorary President, Miss M. Adelaide Nutting, Johns Hopkins Hospital; president, Miss Mary C. Packard, Massachusetts General Hospital; first vice-president, Miss Georgina C. Ross, Johns Hopkins Hospital; second vice-president, Miss Mary J. Putts, Maryland Homeopathic Hospital; Secretary, Miss Sarah F. Martin, Massachusetts General Hospital; Treasurer, Miss Amy B. Miller, Johns Hopkins Hospital; Members, Miss N. P. Flanagan and Miss M. S. Brown, of the University of Maryland Hospital; Miss M. B. Dixon and Miss M. E. Lent, of the Johns Hopkins Hospital.

Miss Nutting was made Honorary President of the Association in recognition of her valuable services rendered the association since its organization.

SARAH F. MARTIN, Secretary.

REGULAR MEETINGS

CLEVELAND, OHIO.—At the annual meeting of St. Mary's Alumnae Association held on January 11, Miss Burke was appointed president, Miss Freeman, first vice-president, Miss Moilan, treasurer, Miss Regan, recording secretary, and Miss Martin, corresponding secretary.

PHILADELPHIA, PA.—The Woman's Hospital Alumnae held a meeting January 10, when the report was made that \$2,225 had been raised for the endowed bed. The year has been exceptionally prosperous, there being more than \$195 in the treasury. The society will take \$100 worth of shares in the proposed club-house of Philadelphia nurses. Miss Nettie Guthrie was elected president,

Miss Elizabeth Donachy, recording secretary. The alumnae association of the Women's, Jefferson, and Polyclinic Hospitals have engaged Miss Francis Keye, attorney at law, to deliver a course of six lectures on parliamentary rules, the meetings to be held at 227 Arch Street. A vote of thanks was tendered Miss A. M. Peters for her efficient service as president of the alumnae for the past five years.

NEW YORK.—The regular annual meeting of the Alumnae Association of the New York City Training School for Nurses was held at the Academy of Medicine, January 9.

After the usual routine business a hearty vote of thanks was given the officers, who have done everything toward making the year a progressive one.

Officers for the year 1906 were elected as follows: President, Miss Jane M. Purdell; first vice-president, Miss J. Amanda Silver; second vice-president, Miss Elizabeth Farrell; recording secretary, Miss Helen A. Morgan; corresponding secretary, Miss Martha E. Bollerman; financial secretary, Mrs. J. Nason; treasurer, Miss Martha C. Drew. Delegates were appointed to the New York County Association for the year, after which all left for the banquet hall, where the usual refreshments were served. All of the officers elected are registered nurses.

BUFFALO, N.Y.—Inclement as the weather was on the evening of January 18, it did not deter the friends of the Erie County Hospital Nurses' Alumnae from meeting at the home of Mrs. Pfeiffer, sister of Miss B. Matilda Unger, one of the members, to play progressive pedro for the purpose of increasing the funds of the association. Miss Hammecker rendered a piano solo, and Mrs. Loring gave a reading. Dainty refreshments were served by the hostess and the committee of the association and the company separated with the feeling that these social meetings ought to be oftener held.

BUFFALO, N. Y.—The Nurses' Alumnae of the Buffalo Homeopathic Hospital was entertained January 24, at the home of Dr. and Joseph T. Cook. The regular order of business was omitted and the program for the day consisted of a reading by Mrs. Frank Harrison and a paper by Miss Laura Pearson. The charter, which had been handsomely framed, a gift from Miss Frances Black, superintendent of the training-school, inscribed with the names of the forty-seven charter members, was presented for hanging. The entertainment was in the hands of the hostess, Mrs. Cook, who told of the need and the establishment of the hospital many years ago, and of the design of the school pin, in both of which undertakings Mrs. Cook was the leading factor. Then came violin solos by Mrs. G. R. Critchlow; piano solos by Mrs. Cook, and a recital by Mrs. Henry Meach. After refreshments all hurried back to work, feeling very grateful to Dr. and Mrs. Cook for a most delightful afternoon.

ORANGE, N. J.—A regular meeting of the Alumnae Association of the Orange Training School for Nurses, was held January 17, 1906, at the residence of Mrs. Walter Dodge, Miss Carrie Gerhart presiding in the absence of the president,

Miss M. L. Wehrly. Twenty-four members were present, also several visitors. Six new members were received, and one new name was proposed for membership. The announcement was made that the Alumnae Association would give a reception to the graduating class of the Orange Training School, January 23, at the Visiting Nurses' Settlement, 24 Valley Street, Orange. A report was read by Miss Martha Clarke, stating that \$210 had been promised during the past year, by the members, towards the salary of the anti-tuberculosis nurses, \$175.50 of which had been received. It was with regret that Miss Clarke's resignation was read and accepted, Miss Florence Cunningham being appointed in her place. At the close of the routine business a most interesting and instructive lecture was delivered by Dr. Walter Dodge on "Neurasthenia;" after which tea was served, and a pleasant social time followed.

TROY, N. Y.—The Samaritan Hospital Alumnae gave the regular annual banquet to the graduating class on January 29, Miss Monroe presiding. A very tempting repast was served. The school colors, purple and gold, were used in the table decorations. Dancing was enjoyed until midnight. There were songs and readings during the evening.

The association has had a successful year. There is a cordial spirit of coöperation existing among the members. The society has increased in numbers. The graduating class of 1906 was admitted in a body. Provision has been made and a rate agreed upon for the care of sick nurses in the hospital.

Miss Schumacker, superintendent of the hospital, was made an honorary member. Officers were elected for the ensuing year. Miss Monroe, who has done so much for the association, was re-elected president, with Miss Gribble as vice-president; Miss Slickner to remain as treasurer, and Miss Higley, secretary.

TOLEDO, OHIO.—The Toledo Hospital Alumnae Association held its monthly meeting at the Nurses' Home, Friday, February 9, 1906. Miss Sophia Vass gave an exceptionally interesting paper on "Contagious Diseases." Toledo nurses are exhibiting considerable interest in the annual convention to be held in Detroit, Mich., in June, and expect to be well represented there.

TEWKSBURY, MASS.—The Massachusetts State Hospital Alumnae Society of Nurses held its regular meeting in the chapel of the hospital, February 1. The meeting was a very pleasant one, and was addressed by Dr. Herbert B. Howard, of the Massachusetts General Hospital. An interesting paper by Dr. C. Irving Fisher, of the Presbyterian Hospital, New York, was read by Mrs. J. R. McDonald. Two new members were elected. There was a large attendance.

PHILADELPHIA.—The regular monthly meeting of the Medico Chi. Nurses' Alumnae Association was held at the hospital, February 7, 1906, at 3 P.M. One application for membership was received, and two new members were admitted. The president, Miss Davis, tendered her resignation to take effect at once. Vice-President, Mrs. John Moyer, will fill the chair for the coming year. The meeting adjourned at 4.30 P.M. The next meeting will be held the first Wednesday in March.

DENVER, COL.—The regular meeting of the Trained Nurses' Association was held on February 5. After the business meeting Dr. H. W. McLauthlin gave an interesting paper on "Practical Points in Medicine." The Visiting Nurse Association reports 530 calls made by three nurses during the month of January, the tubercular patients receiving special care and instruction. The Jewish district requires the services of one nurse daily.

PUEBLO, COL.—The State Conference of Charities held in January brought forth many interesting discussions. An able address on "Special Training for Social Workers" was delivered by Dr. Slocum, president of Colorado College, Colorado Springs. Denver has been selected for the next conference, which will be held in November, 1906.

COLORADO SPRINGS.—The usual monthly meeting of The Nurses' Registry Association was held in Caledonia Hall, February 7. Only routine business was transacted.

BOULDER, COL.—The Boulder County Nurses' Association held its monthly meeting on February 7. The time for holding all future meetings was changed to the first Tuesday of each month. Miss Clara Ham read a paper on "Pneumonia," and Dr. Lindsay answered queries regarding the use of cold in treating this disease. An unusual amount of interest was manifested by the nurses.

CINCINNATI, OHIO.—The Cincinnati Hospital Alumnae Association wishes to announce the praiseworthy change of meetings from quarterly to monthly. The program for the year reads as follows:

| | |
|--|--------------------------------------|
| February 5, "Contagious Diseases," |Dr. Lyle |
| March 5, "Commercial Side of Nursing," |Miss Olive Fisher |
| April 2, "Bacteriology," |Dr. Crane |
| May 7, An Address |Dr. Withrow |
| June 4, Music | |
| September 3, "Rural Sanitation," |Misses Eddsteen, Vance and Lips |
| October 1, "Care of the Insane," |Miss Marshal |
| November 5, An Address |Dr. Oliver |
| December 3, "On District Nursing," |Dr. Schaar |

The lecture on "Contagious Diseases" given by Dr. Lyle, February 5, was both interesting and instructive. He particularly called our attention to our unchristian habit of emptying our sewage into the river, thus contaminating the drinking water of the next town. Other cities do likewise for us, showing that the whole sanitary system is wrong. As long as cities are forced to use this impure river water for drinking purposes, we will have disease and death.

DETROIT, MICH.—The Farrand Training School Alumnae Association of Harper Hospital, Detroit, Mich., elected the following named officers, at their last meeting: President, Miss Melissa Collins; first vice-president, Miss Minnie

Renton; second vice-president, Miss Anna Bettys; secretary, Miss Lula Dunkee; treasurer, Miss Elizabeth Noyes; Directors, Miss Kate Conklin, Miss Minnie Cowley, Miss Bertha Culverwell.

BROOKLYN, N. Y.—The Brooklyn Hospital Alumnae held their annual meeting Tuesday, February 6, at the training-school. The yearly reports of president, secretary and treasurer were read. Little has been accomplished in the last year. It is with great regret we have to report the loss of two of our members by death. The officers were elected as follows: Miss L. M. Coleman, president; Miss M. Sturt, vice-president; Miss Houghton, recording secretary; Miss Milligan, corresponding secretary; Miss Holt, treasurer; Miss Fuller, director.

Our social meetings have been enjoyed very much, and we have always been glad to welcome Mrs. Rogers among us.

GRAND RAPIDS, MICH.—A joint meeting of the Grand Rapids Nurses' Association and the Alumnae of the U. B. A. Hospital was held at the beautiful new Nurses' Lodge, of the U. B. A. Wednesday afternoon, February 7. Miss McIsaac, of Benton Harbor, gave an interesting talk on the "Club Work of Nurses," which was followed by a discussion. After the discussion an informal reception was given Miss McIsaac. Light refreshments were served. About sixty-five were in attendance.

PERSONAL

MISS MARIE SNELL, Toronto General, has been appointed night supervisor, Jewish Hospital, Cincinnati, Ohio, and Miss Alice Stewart, Toronto General, matron of the same hospital.

MISS ALICE SINCLAIR, Toronto General, has been appointed head nurse of the Burnside maternity wards, Toronto General Hospital.

MISS SADIE GLADSTONE resigned her position as head nurse Pavilion, General Hospital Toronto, to be married to Mr. Strachan, Fort William, Ont. Mr. and Mrs. Strachan will reside in Fort William.

MISS ELIZABETH PURDY has been appointed head nurse Pavilion, Toronto General Hospital.

MISS BENA HENDERSON, Toronto General, 1897, has been appointed superintendent Children's Hospital Society, Chicago, Ill.

MADAME VAN WAGNER spoke in Toronto, January 12, at 8 P.M., in the Normal School, on her work in connection with the Board of Health, *i. e.*, Tenement House Visitation in Yonkers, N. Y. The following day she spoke to the pupils in training in the General Hospital. Officials and house staff were present also.

MISS DAMER addressed a large audience in the Normal School, Toronto, on February 1, on the work that is being done in New York in connection with patients suffering from tuberculosis.

FORT WILLIAM, Ont., is suffering from an epidemic of Typhoid fever. The hospital there was originally built to accommodate thirty-five patients, and there are now over sixty patients being cared for. Miss Lucy Hurlburt and Miss Elizabeth Davidson, graduates Toronto General, have gone to assist in the McKellar Hospital.

MISS EDITH MCP. DICKSON, and Miss Jeanette Neilson have received appointments in the Free Sanitarium for Tuberculosis, in Weston, Ont.

MISS SNIVELY gave an "At Home" for all her nurses, pupils and graduates, on Wednesday, January 31, from 4.30 to 6 P.M., to which all graduates of the Johns Hopkins School for Nurses resident in Toronto were invited. Prof. Wm. Osler of Oxford, England, was present.

A DELIGHTFUL afternoon reception was given by Mrs. J. W. Flavelle, wife of the chairman of the Board of Trustees, Toronto General Hospital, on the afternoon of January 18, to which Miss Snively, Miss Lawler and Miss Manson, the visiting staff of the hospital, and their wives, together with the officials of all the city hospitals were invited.

WE sometimes are unable to publish items sent for this and other departments because the names are not clearly written.

MISS SOPHIA RUTLEY has severed her connection with County Hospital of San Francisco. Miss Rutley, like a number of other good women, was unable to accomplish good work under the political government of the hospital.

MISS MARGARET McDERMID, a graduate of the Farrand Training School, Harper Hospital, Detroit, Mich., class of 1896, who has been occupying the position of lady superintendent of the Galt Hospital, Lethbridge, Alberta, Canada, has accepted the position of operating-room supervisor of Harper Hospital, Detroit, Mich.

MISS ANNA P. LETHAM, graduate of the Presbyterian Hospital, New York, has been compelled, on account of ill health, to temporarily give up her position as assistant superintendent of nurses of the Presbyterian Hospital, Chicago. Miss Letham sailed for France, January 13.

MISS GERTRUDE WILDE, graduate of St. Luke's Hospital, New York, has recently accepted a position as head nurse in the Presbyterian Hospital, Chicago.

MISS REBECCA CROSS, graduate of the Royal Victoria Hospital, who has been resting for a year, on February 1 will return to her former position of assistant to the superintendent of Nurses, Presbyterian Hospital, Chicago.

MISS JEAN KERFOOT, superintendent of the Shreveport Sanitarium, La., has returned from a visit to her home in Canada.

THE new anesthetic, scopolamine, has been used with marked success at the Shreveport Sanitarium, La.

MISS LOIS GREER has been elected to fill the position of superintendent of the Training School for Nurses, in the State Charity Hospital in Shreveport, La.

MISS IDA PERRY has resigned her position as superintendent of the Charity Hospital, Shreveport, La., and will engage in private nursing.

MISS ELLA V. WILDERSON, class of 1897, The Boston City Hospital, has resumed her position as principal of training school at the Woman's Hospital, New York City.

MISS JENNIE S. COTTLE has accepted the position of superintendent of nurses at St. Joseph's Infirmary, Houston, Texas. This is a hospital with a capacity for two hundred patients. The first lecture to nurses was given on the evening of February 1.

MISS LAPSLEY, graduate of St. Mary's, Cleveland, has accepted the position of operating-room nurse at the Huron Street Hospital.

MISS LINDER RICHARDS, the Pioneer Nurses of America, has resigned from the Worcester Hospital for the Insane, Worcester, Mass., and has accepted the position of superintendent of nurses at the Hospital for the Insane at Kalamazoo, Mich.

Miss Blanche Nash, graduate of the Cleveland Training School is now serving as field hospital nurse at Willard, N. M.

Miss Grace Bentley, graduate of the Cleveland Training School has resigned as field hospital nurse at Egris, N. M., and will take up private nursing in Cleveland.

Miss Harriet Fulmer, head nurse of the Visiting Nurses' Association of Chicago, Ill., and 24 other nurses of the association, have been sworn in as probation officers. The reason given for granting the nurses the power of probation officers, is that the homes they visit are usually of poor persons who cannot afford to pay for medical service, and with the new power the nurses can compel the parents to permit them to minister to the needs of the sick children. In most cases these children are known in one way or another to the Juvenile Court.

Miss Crandall and Miss Rodgers, graduates of the Memorial Hospital Training School, Brooklyn, class of 1901, are studying medicine at the Hahnemann Medical College, Chicago.

MARRIAGES

At Asheville, N. C., January 11, Mrs. May A. Lorimer, Class of 1902, Ferrand Training School, to Mr. E. E. Gallogly.

BIRTHS

On February 6, to Mrs. William Acker, of Monroe, Mich., twin boys. Mrs. Acker was Miss Mildred Crane, Harper Hospital, Detroit, Class of 1904.

OBITUARY

THE Cincinnati Alumnae Association have passed resolutions of respect and sympathy upon the death of Miss Laura Foster, Class of 1901, copies of which are to be sent to her family and recorded upon the minutes of the Association.

MISS ANNIE MARTIN, a member of the graduating class, 1906, of the Buffalo General Hospital Training School for Nurses, died of typhoid fever, November 25, 1905. Miss Martin was an excellent student, and a capable nurse. Her loss is deeply felt, not only by her family and her class, but by all who knew her in the hospital.

THE Brooklyn Hospital Alumnae at their monthly meeting moved that the following resolutions be adopted:

Resolved, That we the members of the Brooklyn Hospital Training School Alumnae deeply regret the death of Miss Miller, one of our most beloved and devoted members.

Resolved, That copy of this resolution be sent to the JOURNAL OF NURSING, and spread upon our minutes.

E. L. JONES,
Secretary pro tem."

THE Alumnae Association of the Presbyterian Hospital in Philadelphia records its deep sense of sorrow and loss in the death of S. Jennie Rankin, a graduate of the class of 1903, and tenders its sympathy to her mother in her sad bereavement.

KEZIA HERBERT,
LILLIE M. MINNIG,
Committee.

PHILADELPHIA, February 13, 1906.

THE Cedar Rapids and Marion City Association report the death of a member, Rena E. White, which occurred at the home of her parents, in Marion, Iowa, February 3. Miss White was a graduate of the Iowa City School for Nurses, class of 1903.

THE Alumnae Association of Christ Hospital, Jersey City, N. J., desires to place on record its sense of deep sorrow and personal loss in the death of Miss Elizabeth Ross, class of 1901, who died at the hospital on January 2, 1906.

The Association tenders to her family its heartfelt sympathy.

SADIE S. SUMMERS,
Secretary.

DIED, in New York City, January 30, 1906, Ada Colcleugh, graduate of the Training School for Nurses, City Hospital, Minneapolis, Minn., class of 1896. Miss Colcleugh served as an army nurse, from October, 1898, to May, 1902. In accordance with a request made during her last illness, her remains were brought to Washington, and laid in the National Cemetery at Arlington.

DIED, on January 11, 1906, Mary Gertrude Childs, a member of the Farland Training School Alumnae Association, Harper Hospital, Detroit, Mich.,

Class of 1904. Death was caused by pneumonia, at the Jackson City Hospital, Jackson, Mich., of which institution she was the acting matron at the time of death.

At a meeting of the Methodist Episcopal Hospital Alumnae Association, Brooklyn, New York, resolutions were adopted on the death of Dr. George Ryerson Fowler expressing sympathy for his family and a sense of irreparable loss in the death of one who has been so true a friend to the nurses.

FLORENCE S. SMITH,
EUGENIA H. FROST,
EDNA COPELAND,
Committee.

DIED, November 20, 1905, at the Mary Thompson Hospital, Chicago, Ill., Alma J. Petersen. Miss Petersen was born in Stockholm, Sweden. She was a graduate of the Mary Thompson Hospital, Class of 1891.

MRS. FRANCIS BACON died suddenly at her home in New Haven, on January 27, aged 70 years. Mrs. Bacon and her three sisters served as volunteer nurses during the war of the rebellion, accompanying the army of the Potomac. Mrs. Bacon was one of 100 patriotic women who formed the Women's Central Relief Association. This organization was under the wing of the sanitary commission and was thus recognized by the government.

Mrs. Bacon served as nurse throughout the war; and when she went to New Haven at its close she organized the Training School for Nurses, operated in connection with the New Haven Hospital. She married Dr. Francis Bacon about this time. He for many years has been the chief surgeon of the New Haven Hospital. At the time the training school was founded there was only one other similar institution in the country, the one in connection with Bellevue Hospital, New York.

MISS CARRIE MCDOWELL, a graduate of the Philadelphia Hospital Training School, died December 8, at her home in Brookville, Pa., after an illness of twelve weeks.

THE Alumnae Association of the Rochester Homeopathic Training School record its deep sense of sorrow and loss in the death of Miss Ida L. Rabb, at her home in Lockport, N. Y., February 10, 1906, and hereby express its sympathy to the family and relatives in the sad bereavement.

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

THE New York State Hospital for the Care of Crippled and Deformed Children, at West Haverstraw, is not being patronized by the people of the State as it should be, probably because many poor people do not know of this means of securing treatment for their deformed children. There is a fund for the transportation of children from the country districts. The classes of cases treated last year were hip joint disease, knee joint disease, major deformities of infantile paralysis, Pott's disease of the spine, humpback, congenital dislocation of the hip joint, bow legs, club-foot, congenital and acquired, and curvature of the spine. It is estimated that there are many hundred children in the State who should be under treatment in this hospital, and would be but for the indifference or ignorance of their parents.

BY the will of the late Mrs. Rebecca A. Green \$100,000 has been left to the Salem Hospital, Salem, Mass., to endow a fund to be known as the "Charles Allen Brown Fund" in memory of the donor's father.

A GIFT by an unknown donor of \$50,000 has been promised the Williamsburg Hospital, Williamsburg, L. I., on condition that interested parties raise a like amount.

THE Presbyterian Hospital of Chicago has recently spent \$25,000 in remodeling. Most of this being used to put in thoroughly up-to-date plumbing in the bath-rooms and nurses service rooms.

THE Samaritan Hospital of Troy, N. Y., graduated the following young ladies on January 30: Misses Anna Stockburger, Gladys Christopher, Minnie Gribble, Winifred Marsh, Katherine Ross, Alice Maud Curtis, Blanch Welsh, Alice Carey Whitehead, Emma Krause. The address was given by Dr. Blummer, of Providence, R. I., which was both pleasing and instructive. The valedictory given by Miss Gribble was thoroughly enjoyed by all. A reception followed the exercises.

A DIET kitchen has recently been fitted up in the hospital proper of the Presbyterian Hospital, Chicago, where the pupils of the school are instructed in invalid cookery. At the time of organization of the school, in 1903, it was impossible to arrange for a diet kitchen in the hospital proper. On this account and also to try the method in use in a few schools in the country the kitchen of the nurses home was utilized to instruct in cooking. This was found satisfactory for a time, but upon the increase of the family to fifty then a hundred, its educational value was lost and the drudgery of it, for pupils and instructors, were too evident. Without drudgery none of us can develop but in this case it became out of proportion, and it is with much satisfaction to the officers of the school that this change has been accomplished.

THE graduating exercises of the Shreveport Sanitarium Training School for Nurses took place in the parlors of the Sanitarium, on December 7, 1905. A

very interesting program was carried out, and diplomas were awarded the two graduates, Misses Josephine Dutton and Daisy Hodge.

TRAINING SCHOOL ITEMS

ON February 7, the Massachusetts General Hospital, Boston, held graduating exercises, the address being given by Prof. Brackett, who dwelt upon the valuable aid nurses should contribute in educating the public in regard to all questions of public health and social uplift of the masses, the graduates were:

THREE YEARS' COURSE

| | |
|--------------------|------------------|
| Cora E. P. Ellis | Mabel Folkins |
| Olive M. Sill | Frances P. West |
| Carrie D. Hall | Kathleen D. Shaw |
| Helen B. Fenton | Mary L. Gray |
| Iphigenia A. Smith | Helen L. Redfern |
| Georgie O. Cadman | Mary E. Knapp |
| Eva N. Mullins | Ella W. Brigham |
| Jessie E. Grant | Ethel E. Chute |

THIRTEEN MONTHS' POST-GRADUATE COURSE

| | |
|---------------------|----------------------|
| Margaret E. Manning | Rose E. Israel |
| Margaret E. Dexter | Minnie J. MacGregor |
| Charlotte Dewar | Margaret S. Belyea |
| Grace E. Fowle | Leda A. Spaulding |
| Florence S. Cooke | Josephine Stentiford |

Each member of the nursing staff of the Visiting Nurse Association of Chicago has recently been made a probation officer of the Juvenile Court of that city.

Mr. John S. Kennedy, president of the managers of the Presbyterian Hospital, New York, closes his annual report this year with the following:

If our Hospital had no reason for its existence beyond the relief of individual suffering and the cure of individual disease it would still play an important part in the philanthropic activities of the community. It is this part of its work to which public attention has been and is largely directed, and it is this part of its work which, in the minds of most people, constitutes the chief reason for its existence. This is a very narrow view to take. Great as is its service to the community in this particular, it is only a small part of the service which it really renders.

It is as an educational institution, an institution through which alone doctors and nurses can be trained, and through which alone medical science can be advanced, that our Hospital, like others under equally enlightened management, has its chief claim upon the public. It is only by providing hospitals where the art of healing can be practically taught that doctors and nurses can be prepared for their ministrations of mercy, whether to the rich, who can afford to pay in money, or to the poor, whose only recompense is thankfulness, and it is only by providing such hospitals that medical and surgical science has made the marvellous advance which we have witnessed in our generation, and which it is hoped only presages the progress still to come.

Miss Hicks, a missionary nurse on her way to the Philippines, was able to spend a day or two in Shanghai. Commenting upon the visit she writes: "I was delighted with all I saw at St. John's College and St. Luke's Hospital, Shanghai. Miss Farnam and I lunched with Bishop Graves on Sunday and saw everything, and came away with the feeling that the church should be proud of St. John's and all who are working there. We attended the Chinese service in the college chapel and it was thrilling."

Miss Emma C. Johnson is going to Valdez, Alaska, as missionary nurse. She has had, besides the nurse's training, a year's deaconess training and will assist Miss Deane at the Good Samaritan Hospital.

Miss Etha Butcher, missionary nurse at Jhansi, India, is soon to be married, and is only waiting the arrival of a substitute to give up her work.

Alumnæ Associations sending contributions towards the purchase of shares in the *AMERICAN JOURNAL OF NURSING* by the Nurses' Associated Alumnæ, are requested to send checks and make them payable to Miss Anna Davids, Treas., Williamsburg Road, Richmond Hill, L. I. Associations wishing to invest in shares themselves should make application to Miss Isabelle McIsaac, Bontor Harbor, Mich. It is hoped there will be a prompt response, enabling the committee to make an encouraging report at the Detroit convention.

ANNIE DAMER, R. N.,
Chairman, Committee on Purchase of Journal Stock.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

DEAR EDITOR: I would like to ask some of the women who have been engaged in private nursing for many years to tell me through the pages of your JOURNAL what it is customary for nurses to do in regard to the washing of diapers and the baby's flannels; also if it is considered good form for a nurse to take the baby out in the carriage and wheel it up and down on the street, and if so whether or not she shall wear her uniform ?

There seems to be a great difference of opinion among the younger women in regard to these questions, but the nurses who have been doing obstetrical work for years must have settled these problems for themselves upon some satisfactory lines.

I am presupposing that the people are in liberal circumstances and are not restricted financially from having all the service necessary.

YEARLING.

This writer asks practical questions and it would be interesting to know the custom in different cities in regard to these matters.—ED.

DEAR EDITOR: The question of the very meagre response to the call for nurses for the Volunteer Corps of the Army has been raised several times, in the JOURNAL's pages during the past few months.

Still there seems no understanding of our seeming apathy to this responsibility, and we remain stigmatized as unpatriotic and selfish, neither of which adjectives anyone believes justly applicable to the nurses of the United States.

I am, therefore, led to write you my experience in this matter, as a possible explanation.

When the appeal was first made, in 1904, I had been at work only six months since a prolonged illness and felt myself physically unfitted to answer the appeal. In May, 1905, when the appeal was again heard at the convention in Washington, many were stirred to offer their services.

Great stress was then laid upon the importance of the indorsement of one's superintendent. Naturally some physical examination was expected, though no mention was made of it at that time. So, having my superintendent's unqualified recommendation and emboldened by another year of good health, under constant private duty, I applied for the necessary papers, and was entirely unprepared for and discouraged by the rigid physical examination required.

However I persevered to ask a physician for his certificate, which he refused, saying he could not conscientiously say of any nurse that she had the "necessary strength and endurance" for "duty in camp or hospital, in any climate," as the certificate requires. This physician has had a wide experience with nurses, both as coworkers and patients.

A second physician refused on the same grounds, but a third was willing to sign, making a note as to a slight physical disability. Upon receipt of my application at the Surgeon General's office, I was notified that my "physical condition would seem to disqualify me for the service."

Though of proven endurance, I am not of robust physique and was not surprised at my decree, and it is not my purpose to question it or the wisdom of accepting only those who seem best suited for the work; but I would ask the following questions suggested by my experience:

1st. Are there not other nurses who, like myself, heard the call in 1904, but felt physically unfitted to make a response? 2d. Having applied for papers, were others discouraged by the strict physical requirements and did not proceed further? 3d. Having been refused a certificate by a physician, who felt that the Army asked more than he could conscientiously subscribe to, did not persevere to ask a second and third? 4th. Having executed and forwarded their papers, were refused for physical reasons, and find their applications unrecognized by the report of the Volunteer Corps? For Mrs. Kinney has published in the JOURNAL, over her name, that only one applicant has been refused and she had not her superintendent's indorsement.

Is it not possible that some one of the above reasons may be given for the absence of many names from the roll of volunteers, and not the indifference to duty and lack of patriotism that has been commented upon so freely?

GRADUATE.

DEAR EDITOR: On January 7, the members of the Guild of St. Barnabas for Nurses of the New York Branch and their friends were invited to St. Thomas' Church for a "Musical Hour." The music consisting of tenor and soprano solos and several organ selections, was greatly appreciated by all present.

It is proposed to give an interesting "Hour" of music, literature, or otherwise the last Sunday of every month at 8, P.M., at the above church, and it is hoped that all nurses will take advantage of these "Hours."

It really seems as if there ought to be more interest displayed by nurses toward the Guild considering the great number in our city, and the benefit derived therefrom.

M. E. B., R. N.

DEAR EDITOR: I am wondering how many nurses who have the right to use the prefix R. N. take every opportunity to do so and to impress its meaning upon the intelligent people whom they meet.

Where a nurse is really sincere in her work, putting into it her best conscientious effort and yet is not successful, I believe it is because she is not business-like in her methods. In the matter of business cards alone many excellent nurses are very careless. When a nurse leaves a family and is asked to leave her address, she is often at a loss to know just where to put her hand on her

cards—whether in a packed-up suit-case, in a pocket of the cover or with her stationery, and perhaps after turning everything out she finds she has left them behind. An address written on a slip of paper is easily lost and when a nurse is needed again perhaps the only person who knew the address is the patient, and regretting that the nurse they had before cannot be reached a stranger has to be called in her place.

Cards should always be carried in a convenient pocket-book or bag and always in the *same* place. These cards should give all the information necessary, so that they would be equally valuable if a nurse found herself far from her home centre. Below the name to the right should be the telephone number; below it the street, below it the town, and below it the state. In the lower left-hand corner should be R. N. and the state,—for instance, R. N. Indiana. The school from which she graduated could be added but the R. N. takes the place of that, as the right to use it insures proper professional training.

This is only one of the many business details about which nurses are as a class careless, but it has become doubly important since in so many states the legislature has created a means of distinction between the “trained” and the “untrained” who make up the great nursing body of the country.

MEMPHIS.

UNITED STATES ARMY GENERAL HOSPITAL, PRESIDIO OF SAN FRANCISCO, CAL.,

February 14, 1906.

DEAR EDITOR: As to whether the state of affairs, as described in Miss Hudson's communication, published in your last issue, still exists in the Army Nurse Corps, I can answer most emphatically, “No.”

Everyone concedes that conditions in 1898-1899 were not what they should be. Since then, however, seven years have passed and the U. S. Army General Hospital to-day is up to date in every particular.

I have been in the service since April, 1902, nearly four years, and in that time I have never once experienced the slightest lack of courtesy from the army officials with whom I have come in contact.

In the course of my nursing experience, I have found that nurses who give satisfaction have little of which to complain, as regard their personal treatment.

Very respectfully,
DORA E. THOMPSON,
Chief Nurse, Army Nurse Corps.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING FEBRUARY 12, 1906.

ASTBURY, AGNES, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division on February 15.

BAMBER, ISABELLE M., transferred from the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

CAIN, ARAMINTA P., formerly on duty at the General Hospital, Presidio, of San Francisco, discharged.

CALL, SYLVIA, formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

CAMPIN, MARY LOUISE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HALLY, MARY C., formerly on duty at the General Hospital, Presidio of San Francisco, at home on leave, to be discharged at expiration of leave.

HOLLINGER, EDITH MONNETTE, graduate of St. Vincent's Hospital, Toledo, Ohio, 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

LASON, ELEANOR, transferred from the Military Hospital, Zamboanga, to Camp Keithley, P. I., for duty.

LEONARD, GRACE ETTA, graduate of St. Vincent's Hospital, New York City, 1905; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

MAHONEY, ALICE G., graduate of Carney Hospital, South Boston, 1899; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

PLUMMER, SAMANTHA C., transferred from Military Hospital, Zamboanga, to Camp Keithley, P. I., for duty.

RICHMOND, EDITH L., transferred from temporary duty at the Division Hospital, Manila, to regular duty at the Military Hospital, Zamboanga, P. I.

SHAW, EDITH M., transferred from temporary duty at the Division Hospital, Manila, to regular duty at the Military Hospital, Zamboanga, P. I.

WHITE, CLARA BELLE, graduate of the University Hospital Training School, Kansas City, Mo., 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

WOLLPERT, JULIA E., transferred from the Division Hospital, Manila, P. I., to duty at the General Hospital, Fort Bayard, New Mexico. Reported at Fort Bayard for duty January 29.

YOUNG, AGNES G., transferred from Fort Bayard to the General Hospital, Presidio of San Francisco; under orders to sail to the Philippines Division on February 15.

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EDITORIAL COMMENT



SKILLED NURSING CARE FOR THE GREAT MIDDLE CLASS

SKILLED nursing care for the great middle class is a subject which has been brought before the nursing profession upon a great many occasions and in a variety of ways.

We are all agreed practically that this class of people, as Miss Riddle expressed it at the Convention in Washington, "to which we all belong," and which politicians say make up the backbone of the country, are entitled to the best of skill and the most intelligent care that the nursing profession can provide, and yet after years and many discussions the situation remains practically unchanged in this country.

The rich are provided for in time of illness because they can pay; the poor are provided for because someone pays for them; but the well-to-do mechanic and the families of small-salaried clerks and professional men must get along with either no nursing at all, except what can be given by members of the family, or be cared for by untrained women,—women of all kinds and classes and degrees of intelligence, too many of whom are lacking in the simple principles of good nursing to in any way fill adequately this great gap left unfilled in the present distribution of skilled nursing service.

It is not necessary to discuss this side of the question in further detail; we are all perfectly familiar with the situation; the question is, What are we going to do about it?

All of the questionable schools of the short-course and correspondence variety are trading upon the situation. The promoters and proprietors of such training-schools can get the public ear, the public sympathy and the public money to an unlimited extent because they claim that they are training nurses especially for the poor and to supply this need. These schools are increasing all over the country; they are being supported by sentimental philanthropists on the one hand and by earnest, conscientious people who are not intelligently informed of the true motive lying back of at least the majority of such schools—the reaping of dividends.

So long as the great nursing body leaves the well-to-do middle class unprovided for, we must expect the short-course schools to continue to flourish, and criticism either of the people who organize such schools, the physicians who employ such nurses, or the patients who must be satisfied with such service is useless and inconsistent.

Again we ask, What are we going to do about it?

The evil which is at the bottom of this situation is in the fixed, arbitrary, trades-union rate of charge. We hear voices clamoring that “We *do* do charity; we charge our regular rate of \$21 or \$25 a week, and if we find our patients are not able to pay it we give them one or two weeks of time.”

There is much service given to the poor by individual nurses in many places, but the *giving* of service does not meet the situation. It is humiliating for a self-respecting mechanic or for a bookkeeper or a high-school professor to accept charity from the nurse called in to care for his young child through a desperate case of pneumonia. We contend that the principle is wrong; that even this practice is not sufficiently universal to supply the needed nursing service to the great middle class, and that some solution of the problem must be reached by which there shall be no humiliating suggestion of charity, when an independent, reputable citizen in moderate circumstances is only able to pay ten, twelve or fifteen dollars a week for the services of a skilled nurse.

While this situation remains unchanged that the great nursing body provides service only for the rich who can pay, and the poor who are paid for, we have little claim to call ourselves a profession, for with a profession goes the obligation of service to others first, and money must be a secondary consideration.

This is a mighty subject which requires the serious, deliberate consideration of nurses everywhere, and should be brought up for discussion at all of our great gatherings of nurses.

HOW THE TORONTO NURSES ARE MEETING IT.

The nurses of Toronto, Canada, organized a Central Directory about a year ago, the governing body being composed of two representatives from each of the *alumnæ* associations in the city. The registrar, who is also the treasurer, is a graduate nurse. One of the rules of the Directory is that nurses whose names are lowest on the list shall respond to calls for people able to pay from \$8 upward.

If a name stands twenty on the list there is often time for four or five weeks of service of this kind; when the nurse's name reaches the top she is called in and is given the full-rate call in her regular turn, the nurse standing lowest on the list relieving her if necessary.

The Victorian Order in Toronto works principally we understand among people who are able to pay something, and between this and the Central Directory the nurses feel that the well-to-do middle class in Toronto are being amply provided for. The experiment is new and has not been in operation long enough to be thoroughly tested, but it is a very progressive step and an example which other directories and other groups of nurses would do well to follow. We believe the solution of this great problem in the long future will be upon a still broader and more liberal basis.

The fixed trades-union charge must be abolished. If the physician can charge \$10,000 for performing a simple appendectomy, spending only a few hours with the patient, why should the nurse whom he intrusts with the care of the patient day and night for three or four weeks be confined to the meagre charge of twenty-one or twenty-five dollars,—a total of one hundred dollars for four weeks of continuous care, against his ten thousand dollars? And again, when the life of a valuable citizen hangs in the balance and the same physician performs an operation for fifty dollars, why should the nurse still keep to her charge of twenty-five dollars a week when five dollars is all that the man can reasonably be expected to pay? Perhaps the patient has never earned twenty-five dollars a week; he has a wife and children to support; he objects to being a charity patient in the hospital; he is an earnest, conscientious member of the community, and he has a right to stay in his own home if he wants to.

Break down the fixed charge; let the compensation to the nurse be in proportion to the compensation to the physician, and the rich, the poor and the great middle class will be equally well provided for; graduates of correspondence schools and short-course schools, with state registration as a means of distinction between the trained and the un-

trained, will find no field in which to labor, and in the end nurses will earn more money and will be entitled to be ranked with those professions which consider service to mankind before every other motive.

Again, we shall hear the cry, "But the rich will object and the doctors will not be loyal to us," and our answer is that the rich and the doctors must be educated to the idea that the nurses are working for the benefit of humanity and not for the sole purpose of personal gain. Such a reform must be the work of years, but it is time the movement began. With higher education and state registration must be combined a broader sense of the nurse's responsibility to humanity.

THOUGHTS ON NOTE-TAKING

ONE of our contributors has sent us the following suggestion in regard to note-taking which we most cordially endorse. She says: "I would like to suggest to training-school teachers the perhaps heretical idea that the present mode of treating lectures, by having the pupils diligently scratch down notes as fast as they can while the lecturer is speaking, is stupid and absurd. I have been brought to this conclusion by giving some lectures myself, and experiencing the very disagreeable sensation of talking to nothing, while a body of people in front of me, with eyes glued to the paper, were absorbed in the race of trying to get down as many words as possible. The conclusion was irresistible that the hearers did not really hear, and certainly did not enjoy, the lecture, and I am moved to make the following suggestions as to note-taking. It is of course important that pupils should get all the definite points of a lecture straight, for in lectures much new material is presented which is not in the books, and it is essential that it should be preserved as valuable material for study and reference. But why should all the class try to put down every word for fear of not knowing how to select the most important, and so missing something which will be needed afterward? The personality of the lecturer is also, often, an important element in the training of the pupils, and this is entirely lost under the note-taking system. The words of the lecturer might as well be recited by a gramophone.

"Our suggestion is that one competent person take notes of lectures, afterward preparing a well-articulated syllabus and giving all important and leading points of information, and that the rest of the class listen in a quiet and serene frame of mind, prepared to enjoy the lecturer and to get the effect of his personality. At the close of the lecture, the prepared syllabus should be ready for each one to refer to, and each can

then put down in her own note-book the points which are important, adding as much of her own recollection or impression as she can. I believe a vastly greater interest and a much increased intelligence of understanding would be evident under this plan. Hitherto it has been too much the plan to treat lectures as if they were a puzzle which every one must solve without assistance, or be disgraced. On the contrary, we should look upon them as unpublished books, of which the advance sheets are placed at the disposal of the students. And the lecturers will like it better, too."

ANOTHER NURSE MAKES A HOME

FROM month to month our readers have been deeply interested in Miss McIsaac's account of her Michigan farm. Now we are told of another nurse who is returning to Nature. Mrs. Agnes S. Gladding, formerly superintendent of the Auburn (N. Y.) City Hospital and the Moses Taylor Hospital at Scranton, Pa., will in April settle on her farm near Hadley, N. Y., in the Adirondacks, and will make it an attractive home for a few invalid, delicate or nervous children. Wawonaissa Lodge, as it is called, has an elevation of almost 1000 feet, and the air is considered especially pure and invigorating. The farm covers sixty acres of woodland and meadow, and a better site for such a purpose would be hard to find. Mrs. Gladding has had much experience with children, and her idea is the outgrowth of the fact that many parents who feel that their children ought to be under skilled care are unwilling to send them to sanitariums where ninety-nine per cent. of the patients are adults and the home atmosphere is of necessity lacking. At the Lodge, in addition to the care of a skilled nurse, they will have the best and most nutritious food delightfully cooked, as Mrs. Gladding has associated with her Miss Cornelia C. Bedford, a well-known cooking teacher and lecturer, who has given courses in dietetics at Bellevue and other leading hospitals. That the home atmosphere may be preserved the number received will be limited and out-of-door life and pleasures will have a prominent place in the treatment. No contagious cases will be received. Mrs. Gladding's plans are commended by many physicians who know of her work in the hospital field.

HOME NURSING

UNDER the auspices of the Young Women's Christian Association of Cleveland, Ohio, a course of twenty-four lessons on home nursing for

the benefit of young mothers is given by Miss Mary Jean Hurdley, graduate of the Farrand Training-School, Harper Hospital, Detroit, Michigan; also four lectures on medical emergency, surgical emergency, care of children and home hygiene, given by Doctors C. E. Briggs, Carlyle Pope, John Darby, Edwin H. Seasons; also four lectures on dietetics by Miss Monell, of the Pratt Institute.

The first lesson was given on March 5 to a class of thirty-four members. It was taken up most enthusiastically. The course was mapped out by Mrs. Hunter Robb, Miss E. Maud Ellis, Principal of Nurses, Lakeside Hospital, and Miss Mary Jean Hurdley.

The idea is quite a new one in Cleveland and it is hoped with the assured success to open new classes in the autumn.

Five dollars is charged for the course of lessons, two weekly being given.

This is a legitimate kind of home nursing and such instruction should always be controlled by nurses who can discriminate between strictly home nursing and professional nursing. That the average mother is sadly ignorant of the simple household methods for caring for the sick is much to be deplored. We often wonder how so many people escape death when we consider the ignorance of the average mother of the most simple laws of health.

OBITUARY NOTICES

OF late the formal obituary notices sent to the JOURNAL for publication have increased very much, so greatly in fact that it has become difficult to make space for them all in any one number. We have had to take up seriously the question of economy of space in recent issues, and it has been shown to be the consensus of opinion that the formal resolution as passed by the *alumnæ* associations should and ought to be sent to the family, but that for JOURNAL publication it would be better, for a number of reasons, for the associations to send a brief death announcement with a sketch of the nurse's life, in just the way that such notices are published in the *Journal of the American Medical Association*. This we believe would be more satisfactory to the profession at large, as giving in brief the facts about the nurse's working life, and would save, in signatures alone, two or three lines of space to each notice.

One of our correspondents in replying to our letter in regard to this matter, expressed the opinion that formal resolutions should be abolished

in the pages of the JOURNAL for the great rank and file, but that there should be no restrictions in case of a death of one of the "shining lights in the profession." This we do not agree to, however, as we see no reason why the form should not be the same in one case as in the other, the only difference being in the number of lines occupied in chronicling the achievements of the woman of greater note.

Both marriage and death notices we consider very important items in every number of the JOURNAL published, but the increasing demand for space requires us to adopt a form which shall be uniform for all and the same in every JOURNAL. In the past we have published such notices in the form in which they were sent. Hereafter we shall change the form when necessary.

CHANGES IN THE JOURNAL STAFF

WE take pleasure in announcing to our readers that Mrs. d'Arcy Stephens, of Orange, N. J., has consented to act as the collaborator for the JOURNAL in New Jersey. Mrs. Stephens graduated from the Orange Training-School in 1890. She has been twice elected secretary of the Orange Alumnae, was the delegate to the Berlin Congress, and is this year the president of the New Jersey State Association. Mrs. Stephens is one of the married members who continues to work for the progress of the nursing profession.

We regret to announce the resignation of Miss Frances M. Quaife, who has resigned her position as Superintendent of the Touro Infirmary and is leaving Louisiana for an indefinite time. Miss Quaife has done most excellent work for the JOURNAL during the short time she has been on the staff.

We announced some time ago the resignation of Miss Elizabeth R. Scovil as editor of the Department of Medical Notes. Fortunately for the JOURNAL Miss Scovil's plans were changed to some extent and she has been able to continue her work on the staff, her residence being now in St. John, N. B.

THE DEVELOPMENT OF NURSING JOURNALS

IF there are any nurses in the East who are laboring under the impression that there is nothing doing on the Pacific Coast, we advise them to read the *Nurses' Journal of the Pacific Coast* for March. Each number of this quarterly gains in interest and literary excellence, and

we hope another year will see it published as a monthly, taking a recognized place in the journalistic world.

The *Johns Hopkins Alumnæ Magazine* is fast ceasing to be an alumnæ magazine and might well change its name and scope to that of the "Maryland Nurses' Journal," as it already represents more than the interests of one school.

The *Illinois Quarterly* is broadening its scope and the *Alumnæ Magazine* of the Illinois Training-School is keeping pace with the others. There is no line of development showing more marked progress than in the nursing magazines managed by nurses in this country.

The *Canadian Nurse* has developed much during the year. It is reported that it may be taken over by the Ontario Nurses' Association in the near future and the editorship placed in the hands of one of its own members. As the organ of the Alumnæ Association of the Toronto General Hospital it has done good work for Canada, but it lacks the editorial spirit that we find in the other nursing journals referred to.

THE SUPERINTENDENTS' MEETING

WE give in the official department an incomplete program of the Society of Superintendents of Training-Schools, to be held in the Academy of Medicine on Forty-third street, New York, on April 25, 26, and 27.

The secretary, Miss Nutting, is ill with diphtheria, and it is quite impossible for Miss Goodrich, the president, to complete the arrangements in time for a full announcement in this issue. The members may be sure, however, of a most interesting meeting and that every provision will be made for their comfort and entertainment.

To those who do not know the hotels that are recommended by the committee, it may be of interest to know that the Westminster, Sixteenth street and Irving Place, East, has been the meeting-place of the JOURNAL directors and the State Board of Nurse Examiners for some time. It is conveniently situated near the Fourth-Avenue car line that passes down that avenue from in front of the New York Central Station. It is plain and comfortable, and not too expensive for working women.

As we go to press we learn from Miss Goodrich that the question of Economy in Hospital Work and Administration will first be taken up by Dr. John Brannon, President of the Board of Bellevue Hospital, who is one of the leaders in reforms along these lines in New York. There will be a paper on Children's Hospitals by Miss Mariana Wheeler, Nurses'

Homes by Miss Shaw, The Purchase and Use of Domestic Supplies by Miss Lena Lightbourn, The Hospital Laundry by Miss Lucy Walker, and The Management of the Laundry in Small Hospitals by Miss C. D. Noyes; the Purchase and Care of Drugs by Miss G. M. Nevins, Surgical Supplies and Equipment by Miss Anna Ross, Economy in Operating Room Technique by Miss Anna Jamme, a report on the Affiliation of Training Schools for Nurses by Miss Helena McMillan, a paper by Miss Dock and an address on the Red Cross Nurses by Miss Mabel T. Boardman, a member of the Executive Committee of the American Red Cross Society, Washington, D. C.

The Executive Committee are planning to make Wednesday and Thursday afternoons open sessions to all nurses.

PROGRESS OF STATE REGISTRATION.

NEW JERSEY.—The executive committee of the New Jersey State Nurses' Association are preparing amendments to their bill which shall embody the best points in all of the other state bills now in operation. These amendments will not be presented until next winter, but in the meanwhile an active canvass will be carried on throughout the state to secure the coöperation of all nurses and to enlighten the general public. The training-schools in New Jersey have been, we understand, very indifferent in regard to the whole matter of state registration, and it is to be hoped that in this movement to improve the law not only the heads of the schools but the members of the boards of control will exert a greater influence than they did when the original measure was under consideration, to make the registration law in New Jersey more effective than it is in any other state. Every measure passed should gain a little upon what has been done in other States.

DISTRICT OF COLUMBIA.—The nurses' bill for registration in the District of Columbia has been very much amended and is now being held up by the committee in the House of Representatives.

IOWA.—As we go to press we learn that the Iowa nurses have wisely withdrawn their bill rather than accept the condition that the Legislature would grant.

MARYLAND.—The amendment to the Maryland bill by which a certain class of schools should be privileged to send nurses out as a means of revenue was defeated, by vigorous effort on the part of the nurses.

NEW YORK.—The Cooper bill introduced into the New York Legislature, which had for its object the repeal of the existing law and the substitution of a nursing commission composed of physicians drawing

high salaries, was defeated. A strong delegation of representative nurses with a number of medical superintendents of hospitals went to Albany to attend the hearing. The promoters of this bill claim (?) to be working in the interests of nurses, and say that the matter will be brought up again each year until passed. An attempt to amend the present law, to abolish the Nurse's Board of Examiners and substitute a board composed of medical men is the latest. It is not expected that this amendment will get out of committee, but vigorous action is necessary on the part of the nurses of the State when such measures are attempted.

THE LAST PRACTICAL EXAMINATION.

It has been found necessary to hold one more of the practical examinations in New York state, on the last day of the period of the waiver, April 26. Graduates of schools that have failed to conform to the registration requirements should take advantage of this last examination, in order to be registered.

OHIO.—Ohio has a bill before the Legislature of high standards, and with a fair prospect of being passed.

CANADA.—The Ontario nurses have a bill before Parliament providing for the registration of nurses in that province. The objects of the bill are practically the same as in the United States, but the form is very different, and from an American standpoint the bill is not as liberal as we would like it to be. We realize, however, that conditions in Canada are much more conservative than on this side. The hearing before the committee of the whole on the morning of March 9th, was a very interesting occasion, when a large delegation of nurses appeared in support of the measure. The bill was fathered by Mr. St. John, speaker of the House, and the attitude of the members seemed to be friendly. There was practically no opposition expressed. Mrs. Hunter Robb and Miss S. F. Palmer were by chance in Toronto on that day and the speakers in support of the bill were Miss Eastwood, superintendent of the Victorian Order, of Ontario; Dr. Helen McMurchy, editor-in-chief of the *Canadian Nurse*, who appeared to be the mistress of ceremonies; Miss M. A. Snively, superintendent of the Toronto General Hospital; Miss Brent, superintendent of the Children's Hospital; Mrs. Pafford, Miss Mitchell, and others. Mrs. Robb and Miss Palmer were invited to tell of registration in the United States. Mrs. Robb gave an outline of the progress of registration on this side and closed her remarks by taking exception to the composition of the council,—the bill under consideration providing that there should be eleven nurses, members of the Ontario Nurses' Association, three of them to be superintendents of

training-schools, with *four medical practitioners*,—taking the ground that registration had for its ultimate end the placing of nursing upon the basis of a profession and that in order to be a profession the management of all such professional matters must be in the hands of nurses themselves, emphasizing the fact that it was not because of antagonism towards physicians but for purely professional motives that she advocated a council composed entirely of nurses.

Miss Palmer, who was the last speaker, explained the effect of registration on the training-schools of the New York law, stating that the object of her visit to Canada was to inspect for the New York State Education Department the training-schools of Ontario that were applying for registration, that their graduates working in New York state might enjoy all of the privileges of the New York statute. She emphasized the fact that in the administration of the registration laws in the United States there had been no discrimination against Canadian nurses, but that they had been given full recognition in the organization and educational life of the states, and that in at least two states Canadian nurses who were British subjects were serving on the board of examiners. She called attention to that clause in the bill which provides “that no person shall be eligible to serve on the council, who is *not a British subject*, resident in Ontario,” as being illiberal towards the nurses of other countries who might be living in Canada, as registration was a strictly educational measure and not a political one.

Miss Palmer’s criticism gave offense to some of the Canadian nurses, who looked upon her comments as “American cheek.” We are inclined to think that at least a few of the Canadian nurses have lost sight of the fact that registration is not a local measure, that it is a broad professional movement, that the standards set in one state or country affect the nurses in every other state or country, and that in the framing of such laws every effort should be made to have the essential points as nearly uniform as possible, that reciprocity between states and countries can eventually be entered into without having to tear down and reconstruct.

There are many nurses of the broader liberal type in Canada, but they are in the minority in the registration movement, and those who are leading would seem to be too much under the dominance of outside influence.

In the liberal group we think may be found nearly all of the Canadian women trained in the United States who have returned to Canada, and the superintendents of training-schools so far as we know them. We hope that the criticisms made by Mrs. Robb, a noted Canadian living in

the United States, and Miss Palmer, who is one of the American leaders in the registration movement, may at least set the conservative party thinking. In a woman's movement based upon educational principles there should be no attitude of exclusiveness shown between states or countries.

MISS SUSAN B. ANTHONY.

MISS ANTHONY's long and wonderful life, spent in the determination to win legal justice for women and to obtain equal suffrage for them, has come to a peaceful and glorious close.

Few women who enjoy to-day the opportunities of a liberal education, the right to work, and the greater social and legal advantages of our time know or dream for a moment that these advantages have come to them as a result of the life-long labors of Miss Anthony and a group of like-minded fearless women, Mrs. Elizabeth Cady Stanton, Lucretia Mott, Lucy Stone and their friends and followers.

From ocean to ocean the public press has reviewed the life of Miss Anthony, and incidents in her life when she was received with scorn and showers of rotten eggs have been referred to with pride and deference for the woman. Her home city, slow to accord her recognition in those early years, has of late paid her every tribute of respect.

Upon the day of her funeral flags hung at half mast by order of the mayor; her body lay in state during the greater part of the day in a large church in the centre of the city and thousands upon thousands of her fellow townspeople looked upon her face, many of them for the first time, so unostentatious had been her life among them.

The New York State Senate upon the motion of Senator W. W. Armstrong, adopted a joint resolution extending the sympathy of the people of the state to her family, the same honors which are accorded to our most noted men and which have never before been extended to a woman in this country.

Telegrams of sympathy from all over the world poured in to the simple little home to the sister who had shared in all her years of effort; and so a life full of achievement, for the up-lifting of her sex but bereft of success in its one great object, has closed, the greatest among the women of her time.

The vitally important thing for nurses to remember in connection with the life of Miss Anthony, is that she and her associates were the first women to secure recognition from the Legislature in bring-

ing about changes in the laws affecting women wage earners, thereby opening the way for the legislation that nurses have been able to secure for the protection of the public and themselves through State registration.

Miss Anthony was present at the meeting of the New York State Nurses' Association held in Rochester, October 21, 1902, giving a short address of welcome to the members in which she endorsed the ideas of higher education for nurses. She had been ill and it was supposed that she would not feel strong enough to remain through the meeting; she stayed to hear the first draft of the New York bill read, and was so much interested that she remained through the morning session, returning again in the afternoon and listening attentively to the discussion, not leaving the platform until the meeting was nearly ready to adjourn. So the nurses of the state may take great glory in the fact that the New York law for the registration of nurses, which is proving to be such a powerful factor for the higher education of nurses, was framed while she listened and approved; and when obstacles arise, take courage from the example of her courageous and majestic life.

The object for which she labored for sixty years, the franchise for women, has yet to be achieved by the great army which she rallied to the cause. No one more than nurses enjoy the fruits of her labors or owe her memory greater allegiance.



IRREGULAR SCHOOLS FOR NURSES

By MRS. E. M. SIMPSON

Graduate Johns Hopkins Training-School for Nurses; Superintendent of Nurses,
Albany Hospital

NOTWITHSTANDING the fact that irregular schools for teaching the art of nursing the sick have called forth remonstrances from nurses and people interested in nursing from all parts of the country, such schools continue to increase in number and importance.

We are all familiar with the system of sending pupils out of the hospital for private duty to increase its revenue.

Correspondence schools lie in wait all over the country to trap the unwary or to attract those who still hope to find a "royal road to learning."

Added to these we have still another form in the so-called schools for domestic nurses. The idea originated in Philadelphia some years ago when, according to newspaper reports, it has "met with such gratifying recognition and support that its waiting-list now numbers fourteen hundred candidates and the school recently received a bequest of one million dollars to extend its usefulness."

A similar school has recently been organized in Albany under the auspices of the Home and Training-School for Christian Workers, and is affiliated with the Philadelphia school.

An attractive and very plausible circular of information announces the fact to the general public that such a course is available. The name "Albany School for Nurses" is printed across the centre of a blue cover in large black letters. At the top is the quotation, "The love of Christ constraineth us," and in the space below a red cross appears. One is almost tempted to exclaim, "Another evil done in the name of religion!"

Further investigation assures the reader that at the expiration of ten weeks, with the aid of a certain number of lectures by physicians, surgeons and others, without patients or practical experience, its pupils are graduated, receive their diplomas with all the ceremonies and publicity of a regularly-established school, adopt a uniform, have themselves photographed in a group for the newspapers, and are launched upon a long-suffering but credulous public to swell the crowd of half-educated, ill-trained incapables already flowing from such sources and flooding the land. It would be laughable were it not so lamentable.

The Home and School for Christian Workers was incorporated in 1890 under a law passed in 1848, and includes in its departments of work missionary, music, physical culture, and the School for Nurses, which is a recent addition.

The departments of service in the school are as follows: School for Nurses, District Work, Directory for Nurses, Home for Nurses, Nurses' Supply, Dietary.

Two courses of study are open to students—a short course of ten weeks, and a long course covering a period of two years, with an optional third year.

The short course consists of day and evening classes, and lectures, including instruction in anatomy, physiology, bacteriology, materia medica, hygiene and sanitation, dietetics, the principles of nursing, accidents and emergencies, observation of patients, obstetrics, gynæcology, care of children and diseases of childhood, contagious and infectious diseases, insanity, general medicine and general surgery. Lectures are also given on the care of diseases of the eye, ear, nose and throat, skin diseases, and the use of electricity.

The head nurse, Miss Manning, a graduate of the Massachusetts General Hospital in Boston, conducts the quizzes on the doctors' lectures and gives a large number of lectures of her own, including special instruction in trained elementary nursing, massage and passive exercises. A graduate of a scientific cooking-school is also expected to lecture on dietetics. For their operating-room experience the class was taken to the large operating-room in one of the large hospitals in this city (the name of which is at present unknown to us) and given thorough instruction in regard to operations and the preparation of patient and nurse for them. This was subsequently illustrated by seeing operations performed. It seems that the students in this school must be endowed with marvellous powers of intellect, for under no other conditions could such a vast amount of knowledge be acquired in a period of time so short. Many of the best physicians and surgeons in the city are on its lecture course, thereby giving it their recognition and support, and making themselves directly responsible for conditions that can never be a credit to the nursing profession.

Candidates wishing to obtain the course of instruction must make application in their own hand-writing on a blank furnished by the school, and give two good references as to character. The class is limited to about forty for convenience of instruction and practical teaching. Apparently there are no other requirements for admission to this course. The school reserves the right to drop from the membership of the classes

unsuitable persons, those who attend irregularly or do not show satisfactory evidence of ability and character. The course is open to all classes of women, and makes no distinction in regard to religion, race or condition. A registration fee of one dollar must accompany the application, and the cost of tuition for the term of ten weeks is fifteen dollars, payable in advance. A further charge of five dollars is made for examinations and diploma. Students live at their own homes or in boarding-houses, the expense of which depends upon their personal habits and tastes.

The long course covers practically the same course of instruction extended over a longer period, with demonstrations (when possible), practical work, and actual nursing in the homes of the poor. Requirements for admission to this course are similar to those of other schools, with the exception of the age limit, which extends from eighteen to forty years. Pupils receive board, lodging and washing "under healthful, wholesome, Christian influences," according to the circular, and in addition to this a cash allowance of eight dollars per month for the first year, ten dollars for the second, and twelve dollars for the third.

It is not our intention to depreciate the work done by any organization that has for its object the relief or betterment of conditions surrounding the poor and needy, and some knowledge of the simpler practical parts of nursing would no doubt greatly increase the usefulness of home missionaries. But the establishment of separate and distinct schools giving in ten weeks, or even longer periods, a course of instruction covering all the subjects taught in legitimate schools during two or three years of actual service, without practical experience, the lack of which makes any amount of theoretical knowledge, a "crude and unprofitable mass," is preposterous. How many members of the medical profession would accept a system so faulty for its students? And where are the patients who would accept the services, at any price, of physicians or surgeons of only ten weeks' experience? And yet the one proposition is no more rational than the other. I quote from the catalogue some arguments in favor of the short-course system: "It teaches the art of nursing in ten weeks—the heart of the art.

"There are evening and day courses, each complete in itself, and supplemented by visitation and nursing among the poor. It is not the long hospital course. It is more practical for home work. It covers a field not heretofore occupied. It takes the essential scientific facts of nursing and simplifies them—presents them in a clear way easily understood.

“It is thorough as to instruction. Its course is compact, not curtailed; practical, not theoretical; sufficient, not exhaustive.

“It has embodied in its course of study, and in the opportunities for practical work every essential feature of the best known and best-appointed schools. It is all clear wit and grit for the sick room. It cultivates self reliance and shows how to make the best use of the things that are at hand. The school is a preceptor in how to do much with little. It deals with how to do things that need to be done in every sick room, *every emergency of injury*. Its mission is too noble to be put into words. Its ethics too evident to be discussed.”

Great stress is laid upon the comparatively small rate of charges made by these women. The regularly trained nurse of the present day, they tell us, is a luxury for the rich, quite forgetting or ignoring the great body of earnest women giving trained service to the sick poor, not only in district and settlement work, but among those who form the great industrial classes, either gratuitously or at rates quite within the range of their possibilities. The love of money, however, or the desire to gain it is common to many and the short course will undoubtedly attract the wage-earner anxious to improve her state, as well as the women influenced by the missionary spirit. Having gained independence and a certain amount of practical experience, nothing can prevent such women from fixing the rate of charge at their own valuation of their services.

And that they are not trained exclusively for the benefit of the needy and moderately prosperous another quotation from the circular of information will testify. “Experience has shown that if a nurse can do good work in the homes of the poor her services are acceptable in all homes.”

Our experience with women handicapped by the superficial knowledge and inferior practical training given in such schools has shown them to be neither resourceful nor inventive; self assured rather than self-reliant; absolutely useless in cases of emergency, and with unlimited confidence in their ability to do marvellous works.

An Albany surgeon recently found a patient, to whose house he had been called, and about whom he felt some anxiety, in the hands of a nurse of this type. Finding her method of procedure somewhat unsatisfactory, he questioned the young woman rather closely concerning her training, previous experience, ability, etc., to which she replied: “Oh, yes; I’ve already rescued seven from death.” Such use or abuse of the profession of nursing helps us to understand more fully and clearly the great need for higher standards legally established. Nurses who have

the knowledge and skill they profess must be protected against those who only pretend to have acquired that skill. The public who are asked to pay for the care they need in sickness, whether the rate of charge be low or at the customary rate for skilled service, must be protected also from the same evil. And what is of still greater importance, the nursing profession itself must be protected against this great body of women of inferior breeding, education and training, who, whether they undertake domestic or private nursing, pose as nurses, and by their ignorance lower its standards in the eye of the public.

When our pupils are trained from the beginning with the view of entering for state examinations at the end of their course in the hospital, the best women will qualify themselves, first, by securing a good general education, and then enter only the schools where the highest standards obtain. This will do much toward eliminating irregular schools, and with them the incompetent, untrained or poorly trained nurse.

THE CARE OF THE BREASTS IN OBSTETRICAL CASES

By KATHARINE DE WITT

Graduate Illinois Training-School for Nurses

PREFATORY NOTE

It is the desire of the Editor of the Private Nursing department to receive, for use in this place, papers on practical nursing subjects which shall be not scientific treatises, but accounts of cases, describing the nursing care given to patients from the nurse's point of view. There are undoubtedly many private duty nurses who are deeply interested in their work and who are full of ideas concerning it, who would yet hesitate to write articles on their work for fear they might have nothing new or original to offer. Two facts should be borne in mind. First, if we wait to hear from gifted and brilliant women, we shall have very few, if any, papers; for the great majority of us are possessed of only ordinary ability and can, perhaps, enjoy ordinary papers better than too learned ones. Second, when we consider the hundreds of nurses, all over the world, who read the JOURNAL, we are safe in believing that hardly a suggestion can be made which will not prove new and helpful to some one. In the article following, no new ideas are advanced what is written will be an old story to many, but it is hoped that some one who reads it will say to herself, "Why, I know a better way than that!" and that she will not only think this but will share her wider knowledge with us, that all may be benefitted. If the articles published in this department can be thus made a starting-point for questions, answers, and suggestions,—all of which will be considered under the heading, Practical Points,—the exchange of ideas will be helpful to us all.

The care of the breasts and nipples should begin in youth, as too great a pressure from corsets or from tightly-fitting undergarments may, sometimes, result in flattened or depressed nipples. This hardly comes within the oversight of a nurse, however, except in the way of advice to mothers regarding their young daughters; and fortunately the present mode in corsets supplies a very low bust which is no support at all, and which certainly cannot make undue pressure. During pregnancy the breasts of a patient are examined by her doctor, and if he finds the nipples inverted or flat, he usually tells her to manipulate them gently, once or twice a day, drawing them out as much as possible. This handling of the nipples makes some women very nervous, or even nauseated, and in such cases it should be discontinued, as most bad nipples can be improved later by means of a nipple shield. Formerly, different washes for toughening the nipples and preparing them for nursing, were much used, such as alcohol, alcohol and water, a solution of tannic acid in glycerine, etc. Now, most physicians advise the patient simply to keep the nipples perfectly clean by means of gentle bathing. If crusts form on the surface, they may be softened by using some emollient,—white vaseline, albolene, or cocoa butter. Every well-trained nurse is taught that, from the moment a child is born, the breasts and nipples are to be kept in as aseptic a condition as possible. The breasts should be covered with a broad strip of sterile gauze, ample enough to protect the whole breast surface, over this is fastened the breast-binder. The breast-binder is a familiar article to most obstetrical nurses, but I have occasionally met one who was not accustomed to the kind commonly used, or who thought a towel with shoulder straps just as good. It should be made in this shape, and is far more comfortable than a towel. The long part of the binder is placed under the back, drawn under the arms, and is pinned in front, the breasts, meanwhile, being lifted and held in place by the patient. The shoulder-pieces are pinned over after the rest is properly adjusted, and need not then be unpinned again until the binder is removed at bath time. At nursing time all the pins in front are removed, and the gauze is carefully rolled under and away from the breast to be nursed, not carelessly brushed aside to collect stray germs and carry them back to the nipple again. The patient must be taught how to do this, and must be carefully instructed by the nurse, as soon as she is strong enough to listen, not to touch the nipple with her fingers and not to allow anything to brush against it when it is uncovered. When a baby is brought to its mother, she is apt to forget all precautions, and the baby's shoulder, with its covering of knit blanket, is drawn across the nipple. The nurse must

always be on the watch to prevent such accidents, for an ounce of precaution in these respects is worth a pound of cure later. The usual method of treating the nipple is to wash it with boracic acid solution before and after each nursing. The best way of applying this is by an applicator, a tooth-pick wound with cotton. Several hundred of these applicators should be prepared before the birth of the baby, and should be done up in small packages and carefully sterilized. A jelly glass, with a glass or tin cover, should also be boiled and carefully wrapped and put away, ready to receive them when the time comes for their use. The boracic acid solution is contained in a small, sterile, wide-mouthed bottle. By using applicators, instead of sponges, and by being careful never to touch the cotton part with the fingers, many chances of infection are excluded. A nurse should never, never change a baby's diapers and then proceed to prepare the breast for nursing without first thoroughly washing the hands. As a rule, the baby's mouth is let alone, but a few physicians still prefer to have it washed before a nursing. This must be done gently, as it is easy to cause an abrasion on the mucous membrane, which is painful to the child and a starting point for trouble.

The engorgement of the breasts on the third day, which often occurs, and is so painful, can sometimes be prevented by limiting the amount of liquids given during the first few days. The taking of much milk at this time will not hasten the arrival of the milk, but may aggravate the discomfort of the patient when it does come. This first engorgement, however, is not wholly caused by a flood of milk, but also by distended veins and lymphatics. For this reason, the use of a breast-pump relieves the patient only a little. A very firm breast-binder is the most rational method of relief for a distension which will soon pass away of its own accord. Even after nursing is well established, different portions of the breasts may at times seem hard. If the hard part is stroked gently while the baby nurses, it will usually become soft.

The nipples are almost always sensitive for the first few days; they have to grow accustomed to their new task; and they are often particularly painful before the milk supply is established. For this reason, it is better not to put the baby to the breast too often at first, and not to let it remain too long; a nursing once in six hours is enough to keep up the nursing habit in the baby, and from three to five minutes is a sufficient length of time for it to remain. By the middle of the second day, the interval can be reduced to four hours, and when the milk appears, to two and a-half or two, whichever is to be the established period. A two-and-a-half-hour interval between meals by day, and a

four-hour interval at night, give eight meals in the twenty-four hours, which are enough for a normal baby, and give the mother more rest than the two-hour intervals do. The milk supply depends, for its continuance, upon good health in the mother, and upon her having wholesome food at regular intervals and in proper amounts, plenty of sleep, and a quiet mind. Sleep is a most important factor. A mother who is wakened every two hours all night to nurse her baby, is too tired to produce a good food, and the baby may be wakeful and fretting on account of the deterioration in quality, which could be remedied by giving it hot water to drink, and letting the mother have the rest which is so needful for the good of both. To overload the mother's stomach with all sorts of liquids, many of which are distasteful to her, is a method of upsetting her digestion without aiding the milk supply. All good, wholesome food helps it, though probably milk, cocoa, cereals, and gruels are a more direct aid. Many kinds of food which are not directly useful to the baby are so to the mother as an aid to her appetite, which must be carefully watched, as it is easily sated by a preponderance of milky viands. Foods which disagree with the mother in health must, of course, be omitted, but fresh ripe fruits, in season, can usually be given safely, and simple salads with a French dressing are a wholesome as well as an appetizing addition to the diet. Lemon and orange juice do not affect the milk badly, but very strongly flavored vegetables do, such as onions, cabbage and cauliflower. Most vegetables are useful, particularly carrots and beets. A nursing mother can usually take three good meals a day, with additional drink in the night. Many like also the morning or afternoon glass of milk, and this will digest better if crackers are given with it, but none should be given when the patient feels that to take it will be an effort. In providing a diet for a wet-nurse, a great many people make the mistake of giving her too delicate food. She is not used to it and longs for the heartier and plainer fare to which she is accustomed and on which she will really thrive better.

To go back to the actual question of nursing. The position of the baby at the breast is a most important one. When the mother can sit up and hold the baby, she can usually adjust it comfortably, but when lying down she cannot judge as well how it lies, and often gets its head at a distressing angle, or has its body too low, so that the baby is reaching up for its dinner. In such a condition the baby will stop nursing from sheer fatigue before its appetite is appeased. The most comfortable position for the baby is to lie flat on the bed, the mother turning toward it to nurse it, but this proves tiresome to some women, as the arm nearest the baby has to be held up out of the way. If the baby

lies on the mother's arm to nurse, which is a more natural position, the nurse must see that it is properly held to begin with, and must look at it occasionally to adjust it, if it is slipping away from the breast. A pillow tucked at the mother's back is a great relief to her, for she often holds herself in a strained position without realizing it, and is tired when the nursing is over. Toward the end of a nursing, or when the baby is not very hungry, it often slips away a little and bites on the end of the nipple. This is always painful and increases the sensitiveness of the nipple. The patient must be urged to tell when such "nipping" begins, for there is no virtue in bearing it heroically, as the baby is getting no food when doing this. The nurse must put her finger gently between the baby's jaws at the back of the mouth and remove it entirely from the nipple. If still hungry, it will soon take a new and better hold. If it is always removed when it nurses badly, it will soon learn to do better.

If the nipples are very sensitive and painful at first, or if an abrasion appears, a nipple-shield of glass and rubber, of the simplest pattern, should be used. This should be thoroughly washed and boiled before being applied, and a finger-bowl containing boracic acid solution, enough to wholly cover it, should be in readiness to hold it after it has been used and washed thoroughly. In order that the nipple-shield may work well, the rubber tip must fit very tightly over the glass, and the glass part must be held by the mother tightly against the breast. Sometimes it is necessary to wind the rubber part with silk thread to bind it tightly, though it is thus rendered difficult to clean. The shield should be filled with sterile water before being applied, and the mother must turn toward the child in such a way that it will be pulling straight and keeping its mouth directly against the little bone shield which gives it a brace. If the shield is put on empty and the milk is hard to start, a listless baby will become discouraged and will not suck after the first few fruitless attempts, but the shield filled with warm water usually gives it courage to go on, and the milk, as a rule, begins to come before the water is gone. If the milk is very slow in starting, and the baby feeble or reluctant, hot sterile cloths can be applied over and around the nipple, for five minutes before the nursing, after which the milk comes easily; or a breast pump may be used just long enough to start the milk and to draw enough to fill the shield. This method may be tried, also, when a baby refuses to nurse from the breast, as sometimes happens. As a rule the nipple-shield need not be used through the whole nursing, except where there is an abrasion on the nipple to be protected. If the nipple is merely sensitive or is flat so that the baby cannot grasp

it unaided, five or ten minutes' nursing with the shield will be enough and the baby can then be put directly to the breast to finish its meal. When a patient has a very abundant milk supply, and the baby eats too fast, getting its whole meal in a few minutes and then crying from discomfort, the nipple-shield is of great use. If put on at the beginning of a nursing, during the first rush of the milk, the baby will get all it needs, but with greater moderation and comfort. Lead nipple-shields, which are not perforated, are often a great comfort in preventing any pressure or rubbing from the clothing. These, also, are first washed and boiled and are then put over the nipples, held in place by the binder, and are worn all the time between nursings.

If a fissure, however tiny, appears on the surface of the nipple, all precautions must be taken to guard it from infection and to prevent its becoming enlarged. The doctor will usually touch it with a weak solution of nitrate of silver or will order the nurse to do so, and the baby will either be taken from that breast for a time or nursed from it at longer intervals. A fissure will heal quickly with rest and care, unless the nipple is badly shaped, when it may be very obstinate.

If a small red spot, feeling sensitive to the touch, appears anywhere on the breast surface, the doctor must be notified at once, especially if the patient has also a chill and rise of temperature. If the trouble seems merely local, treatment by hot compresses, if instituted promptly, will often relieve it. A compress of linen is boiled to make it sterile and is wrung out of hot water, (not too hot to be borne by the hands), is put over the sensitive place and covered with oiled silk and flannel. The binder is then pinned as usual, and the compress is left alone until the next nursing, when another cloth is boiled to replace the first one. If the doctor fears mastitis he will order a saline cathartic for the patient; and for local treatment, either regular fomentation, changed every few minutes, or ice-bags. If ice is used, the patient feels chilly at first, until she is used to them, and she must be kept warm with hot-water bags. She will sometimes need one at her feet while the treatment lasts, from twenty-four to forty-eight hours. The baby, in this case, cannot nurse from the affected breast until the trouble is over, and must be fed from a bottle, alternately with nursing from the other side. When the ice-bags are removed, the milk must be taken from the breast with a pump and discarded, as it will not agree with the baby.

If the patient is a cleanly woman, and the nurse is conscientious and faithful in her care, there should be no chance of external infection. Possibly inflammation may arise from conditions within the breasts, themselves, but the nature of it is not as yet clear.

THE BOSTON FLOATING HOSPITAL

BY ROBERT W. HASTINGS, A. M., M. D.

Resident Physician

THAT the Boston Floating Hospital is well known by the nurses of the country as an excellent place in which to take a post-graduate course, is shown by the fact that since the Training-School started, in 1899, 113 of them have received diplomas. These nurses have graduated from hospitals located in sixteen States and in Australia. In 1905 there were 32 who passed the necessary examinations for practical work and knowledge, shown by written answers to questions.

Perhaps a copy of these questions may be interesting:

NURSES' EXAMINATION

POST-GRADUATE SCHOOL OF THE BOSTON FLOATING HOSPITAL, 1905

EXPRESS YOUR MEANING CLEARLY. RE-READ YOUR ANSWERS.

1. What points should be noticed about the dejections of infants?
2. What precautions would you take to prevent reinfection while caring for a case of intestinal inflammation in an infant?
3. Describe the principles of treatment of diarrhœa, due to bacteria, in infancy?
4. What is the best food for babies? Why? Are there any exceptions?
5. In caring for a premature baby, what signs would lead you to think it progressing (a) favorably? (b) unfavorably?
6. Tell what you know about the respiration in childhood.
7. What food should be given a child with an acute infectious disease, who has no diarrhœa?
8. Describe the administration of chloroform to a child.
9. Describe the cry of pain; how does it differ from that due to hunger?
10. Describe the condition known as imperforate anus.

To prepare them for this written examination, eleven lectures are given by the visiting staff, notes taken, later written out in full, and corrected by the Superintendent of Nurses, who also conducted quizzes. Collateral reading is furnished to such as can make use of it.

Practical instruction is also given by the doctors. Last summer in the ten weeks from July 6—September 13, there were treated in the wards 279 patients; 24 had bronchitis, 7 broncho-pneumonia, 10 convulsions, 106 fermental diarrhœa, 76 ileo-colitis, 26 purpura, 24 toxæmia, etc. Many had two or three diseases at the same time or while in the hospital. The clinic is a varied one, though of course summer diseases predominate.

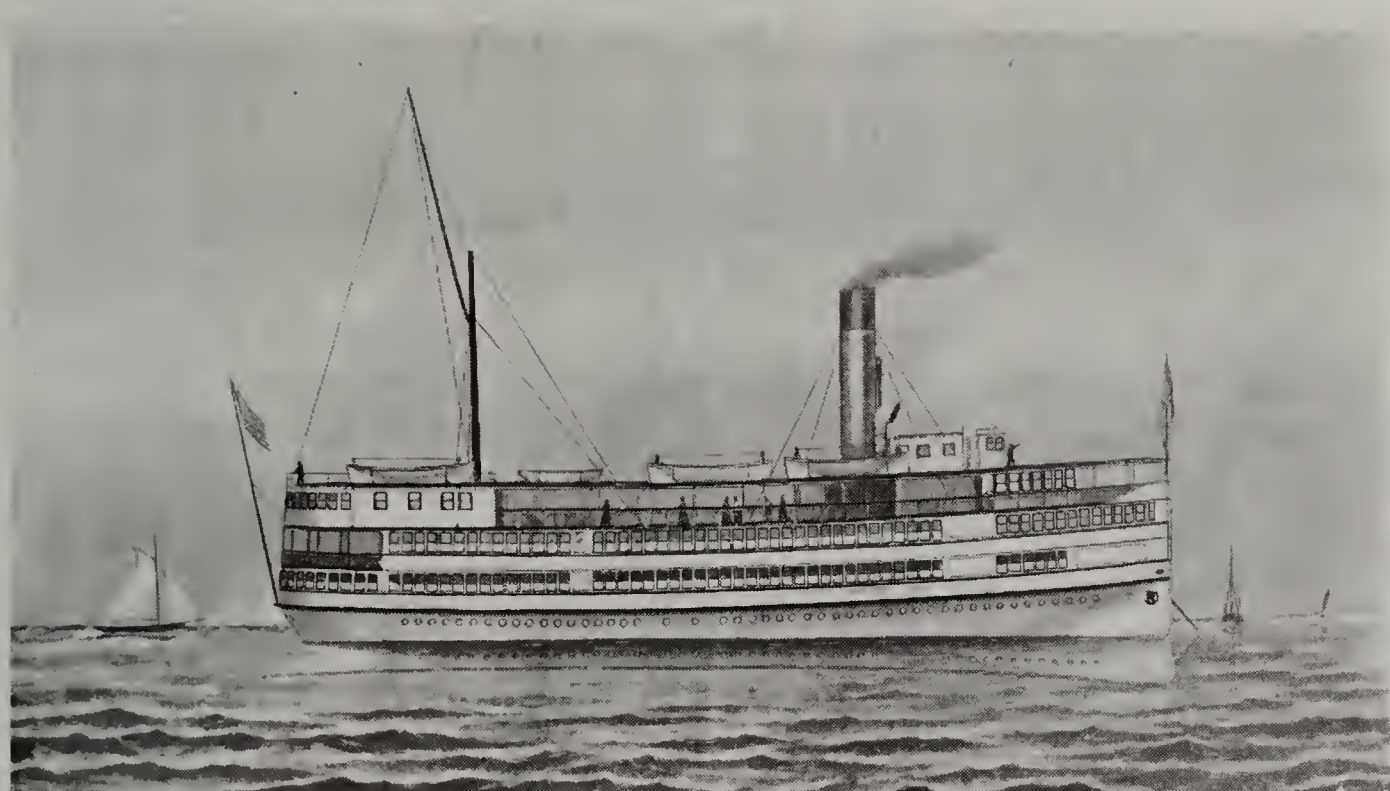
Besides the ward patients, whose care is conducted very much as in any large hospital, there are the day patients. These come in the morning and stay all day on the upper deck, returning to their homes in the afternoon. During the season of 1905 there were 686 such individual



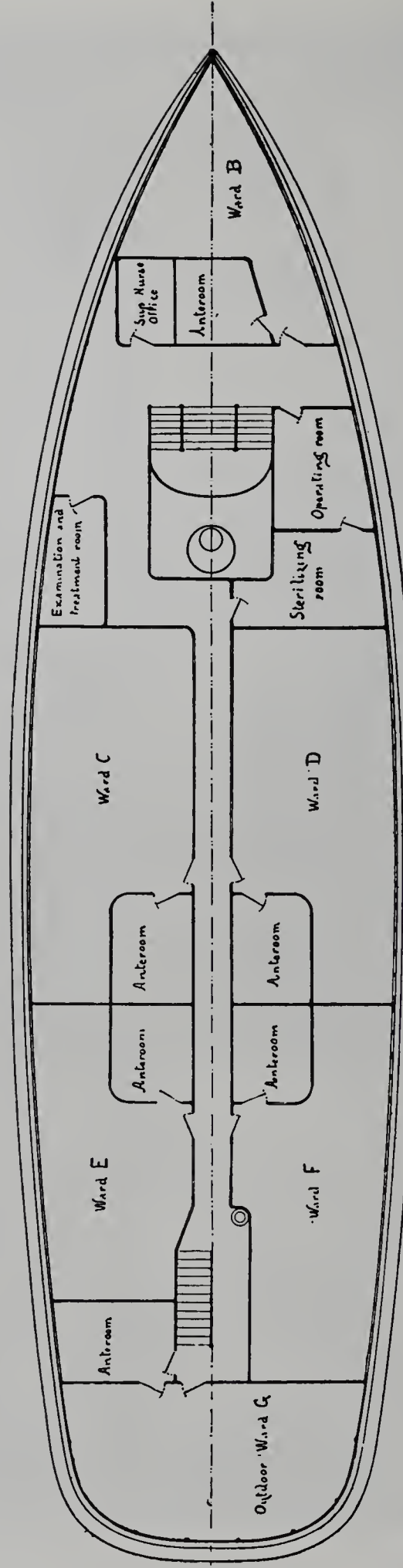
THE BOSTON FLOATING HOSPITAL, 1905



THE NURSES, 1905



THE NEW BOAT AS IT WILL APPEAR WHEN COMPLETED



THE NEW BOSTON FLOATING HOSPITAL — WARDS FOR PERMANENT PATIENTS

patients, and there is the same variety in their diseases as there is among the ward patients. The nurses are also carefully instructed in the practical work of preparing different kinds of foods for babies, as well as numerous special methods of treatment useful in the severest cases. Of these last there is an unusual number, for the hospital is very often the place of last resort, all hope elsewhere having been given up.

Meals to the nurses are served in their own dining-room. There are the same regular hours off for rest and the same sharing in night duty as in any large hospital. A special resting-place is provided for the mid-day hour off, for the work over sick babies is recognized to be exhausting as well as interesting and instructive. Sleeping-rooms are found in the entire upper floor of the largest hotel in East Boston, situated within easy walking distance of the wharf where the boat is tied up at night.

Such careful attention by the trustees for the welfare of the nurses has always secured applications largely in excess of the number whom it has been possible to accept. But this year we are to have a new boat with a capacity practically double that of the old boat. There will be six large wards, besides an emergency ward and the open upper deck; 100 patients will be much better accommodated than the 57 in the old boat. Everything will be larger and more complete. The boat is being built for this special purpose. There is none other like it in existence. All the lessons learned in the twelve years' use of the old boat, known to nautical circles as the barge Clifford, have been embodied in the plans for the new boat. Built of iron, with water-tight compartments, fitted for its own motive power and with its own plant for lighting and ventilating, we have every reason to expect better work even than that which has already made the hospital famous. A peculiar feature with regard to the ventilating is that the air is cooled and dried before being carried to the wards. This is more important at night than in the day, when the boat is anchored far down the harbor where, if anywhere, cool breezes blow. Special emphasis is laid on the cool wards, fresh air, and skilfully prepared foods administered and directed by trained hands for the treatment of the sick babies.

For this larger work probably at least fifty nurses will be needed. All applications should be made to the Superintendent of Nurses, Miss L. A. Wilber, 362 Commonwealth avenue, Boston.

A STATISTICAL STUDY OF THE EDUCATIONAL OPPORTUNITIES OFFERED IN THE MASSACHUSETTS TRAINING-SCHOOL FOR NURSES *

BY RICHARD C. CABOT, M.D.

1. WHAT is the amount and variety of clinical material available for study in or outside of the hospitals connected with the different schools?
2. What is the quality, quantity and system of the instruction offered?
3. What is the *personnel* of the teaching staff?

On the answers to these three questions should depend, I suppose, the choice made by a candidate who is seeking the best opportunities for training either as a nurse or as a physician. The third question I cannot attempt to answer, although it is perhaps the most important of the three. In seeking information about the other two questions, the material used by me has been:

- a. The reports of the various training-schools;
- b. The answers obtained by a circular of questions sent to the superintendents of these schools;
- c. Conversations with several superintendents.

The information thus collected is of course meagre and fragmentary. It gives us no basis for general comparison of the different training-schools, and hence I shall make no attempt to compare and rank the different schools, *except in certain particulars*, in regard to which statistical information is reasonably trustworthy.

THE AMOUNT OF AVAILABLE CLINICAL MATERIAL.

The number of patients seen by each pupil during a course of training depends on:

- a. The number of patients in the hospitals connected with the school during the pupil's term of study;
- b. The number of patients visited outside the hospital or in out-patient departments;
- c. The number of students in the school;
- d. The frequency of rotation from ward to ward or from district to district.

a. The first of these factors is often vaguely stated as the "*size of the hospital*." But it is not the size of the buildings, *nor the number of beds* in them, that determines the magnitude of the work done or of the opportunities offered.

Some hospitals have many beds but few patients. Others with far fewer beds keep those beds full and by frequent changes offer to the student and to the community far greater usefulness than others of greater capacity (unused).

* Read at the third meeting of the New England Society for the Education of Nurses, December, 1905.

(A.) LARGE HOSPITALS, 600 OR MORE PATIENTS A YEAR.

| NAME. | Patients Annually | Nurses | Patients per Nurse | Beds | Monthly Allowance | Remarks |
|---|----------------------|--------|-----------------------|------|----------------------|---------|
| 1 Boston City..... | 13,005 | 149 | 88 | 935 | \$40.00 | |
| 2 Massachusetts General, Boston .. | 5,000 | 87 | 57 | 301 | 6.00 | |
| 3 Tewksbury..... | 4,094 | 60 | 68 | 500 | 15.00 | |
| 4 Worcester City..... | 4,058 | 70 | 57 | 235 | 6.00 to 8.00 | 1905 |
| 5 Massachusetts Homeopathic, Boston..... | 3,720 | 70 | 53 | 234 | 9.00 | |
| 6 Carney, S. Boston..... | 2,535 | 43 | 58 | 180 | 5.00 | |
| 7 Lynn..... | 1,721 | 28 | 61 | 90 | 9.00 to 12.00 | 1905 |
| 8 Children's, Boston..... | 1,505 | 43 | 35 | 100 | | |
| 9 St. Vincent's, Worcester..... | 1,093 | 22 | 49 | 80 | 8.00 | |
| 10 Memorial, Worcester..... | 1,062 | 27 | 39 | 60 | | |
| 11 New England, Boston..... | 1,009 | 35 | 28 | 120 | | |
| 12 St. Elizabeth's, Boston..... | 931 | 33 | 28 | 81 | 7.00 | |
| 13 Newton..... | 927 | 34 | 27 | 150 | 6.00 | |
| 14 Springfield..... | 900 | 19 | 47 | 66 | 5.00 to 7.00 | |
| 15 Salem..... | 827 | 22 | 39 | 102 | 8.00 | |
| 16 House of Mercy, Pittsfield..... | 825 | 40 | 20 | 125 | 9.00 | 1905 |
| 17 Lowell..... | 796 | 15 | 53 | 75 | 10.00 to 14.00 | |
| 18 St. Luke's, New Bedford..... | 771 | 23 | 33 | 65 | 6.00 | |
| 19 Boston Lying-In..... | 671 | 19 | 35 | 52 | 10.00 to 14.00 | |
| 20 Waltham..... | 599 | 76 | 7 | 110 | | |

(B.) SMALL HOSPITALS, LESS THAN 600 PATIENTS A YEAR.

| NAME. | Patients Annually | Nurses | Patients per Nurse | Beds | Monthly Allowance | Remarks |
|---|----------------------|--------|-----------------------|------|----------------------|---------|
| 21 Holyoke..... | 509 | 21 | 24 | 70 | \$9.00 | 1905 |
| 22 Lawrence..... | 500 | 22 | 22 | 75 | 8.00 | |
| 23 Frost, Chelsea..... | 487 | 9 | 54 | 40 | 10.00 | |
| 24 Malden..... | 485 | 16 | 30 | 72 | 8.00 | |
| 25 Clinton..... | 483 | 15 | 32 | 30 | 7.00 to 12.00 | |
| 26 North Adams..... | 476 | 14 | 34 | 50 | 6.00 | 1905 |
| 27 Brockton..... | 470 | 14 | 33 | 54 | 10.00 | 1905 |
| 28 Somerville..... | 456 | 18 | 25 | 40 | 9.00 | |
| 29 Framingham..... | 455 | 38 | 12 | 35 | | 1905 |
| 30 Baptist, Brookline..... | 398 | 17 | 23 | 39 | 8.00 | |
| 31 Dickinson, Northampton..... | 389 | 12 | 32 | 32 | 8.00 | |
| 32 Hale, Haverhill..... | 377 | 12 | 31 | 35 | 5.00 to 9.00 | |
| 33 Union, Fall River..... | 372 | 35 | 10 | 45 | 7.00 to 8.00 | |
| 34 Burbank, Fitchburg..... | 369 | 15 | 34 | 50 | 6.00 to 10.00 | |
| 35 Faulkner, Jamaica Plain..... | 368 | 11 | 33 | 30 | 10.50 | 1905 |
| 36 Morton, Taunton..... | 312 | 9 | 34 | 25 | 10.00 | |
| 37 Free Hospital for Women, Brook- line..... | 308 | 22 | 14 | 40 | 6.50 | |
| 38 Quincy..... | 307 | 7 | 43 | 25 | 9.00 | |
| 39 Newburyport..... | 307 | 9 | 34 | 24 | 9.00 | |
| 40 Rotch (Infants), Boston..... | 297 | 6 | 49 | 24 | ? | |
| 41 Beverly..... | 284 | 8 | 35 | 25 | 8.00 to 12.00 | |
| 42 Franklin Co., Greenfield..... | 260 | 9 | 28 | 25 | 8.64 | |
| 43 Gloucester..... | 245 | 10 | 24 | 30 | 9.00 to 12.00 | |
| 44 Melrose..... | 220 | 12 | 18 | 20 | 8.00 to 10.00 | |
| 45 Charity Club, Brookline..... | 197 | 14 | 14 | 29 | 9.00 | |
| 46 Deaconess, Boston..... | 195 | 12 | 16 | 14 | 7.29 | |
| 47 Natick..... | 146 | 6 | 24 | 12 | 5.00 to 9.00 | |
| 48 Everett..... | 116 | 10 | 11 | 15 | 10.00 | |

This is obvious in Table I, where I have arranged the principal hospitals of Massachusetts in the order of the magnitude of their work as estimated by the number of *patients per year* (the quality of work is of course not here considered). In this table it will be noticed that the number of beds is a very inaccurate measure of the amount of work accomplished in a hospital. Thus, for example, the Lynn Hospital, which is actually seventh in the list, would be thirteenth if we regarded the number of beds. The Waltham Hospital, which is twentieth in the list, would be tenth if we judged by the number of beds.

b. The number of patients and the variety of diseases studied by pupils outside the hospital or in out-patient departments has not been estimated here. It is an important factor in the training of nurses, but one in regard to which it is not yet easy to get reliable data from the printed reports of training-schools. We need to know more concisely (1) the number of patients per nurse seen outside the wards of the hospital; (2) the number of cases of each disease; and (3) the amount of teaching or supervision given the pupil in this work.

c. The number of patients seen by each nurse in the hospital wards depends on the number of nurses and the number of patients, provided the rate of rotation is the same. As the last factor seems (from what I learn from superintendents) to be approximately the same in most training-schools, we may estimate the amount of experience gained by each nurse *during a year* in the hospital by dividing the number of patients per year by the number of nurses. (See Table I, column 4.)

We must realize, however, that the number of years spent by the nurse in hospitals modifies the importance of this figure very much. Thus, the Boston City Hospital, with its three-year course, offers each pupil 88×3 or 264 patients for study, while the Frost Hospital at Chelsea, though offering 54 patients per year to each nurse, has but a two-year course or $54 \times 2 = 108$ patients per nurse.

In some of the training-schools the amount of hospital material is confessedly a minor item in the nurse's training. These schools rely largely on the training obtained outside the hospital, and hence are unwilling to be judged by the hospital experience alone. For example, in the Framingham School, with twelve patients yearly for each nurse, and in the Waltham Hospital with seven patients yearly for each nurse, the hospital training is hardly one-sixth as much as that obtained in any of the seven largest hospitals in this list. But this is made up for (in the opinion of those in charge of the smaller schools) by the large amount of instruction given the nurses in families outside the hospital.

I shall not undertake here to discuss the merits of this question,

but merely to state some of the data and some of the principles for their interpretation. It should be noted among other points that it is entirely possible (either for a medical student or a nurse) to have too much material for study,—*i.e.*, more than can be assimilated. Whether or not this is the case in any of the hospitals in my list I cannot attempt to say, but my impression is that a nurse can *observe* as many patients as she can adequately *care for*, and that if a nurse is not overworked she is probably not over-supplied with material for study.

The *variety* of diseases studied is an important factor regarding which these tables give little information, but it is obvious that in chronic hospitals like Long Island or Tewksbury, and in hospitals that do not admit men (*i.e.*, the New England Hospital, the Boston Children's Hospital, the Lying-in Hospital) only a part of the field of nursing is covered. For nurses who desire to study particularly one portion of the field of nursing, these schools are of value.

THE AMOUNT AND KIND OF INSTRUCTION GIVEN.

The figures collected in Table II. are as accurate as can be obtained at the present time, but I believe them nevertheless to be in many respects inaccurate because it is impossible to find out at present:

TABLE II.—INSTRUCTION.

| NAME | Years in Course | Total hours of stated teaching | Lectures | Recitations | Demonstrations | No. of Paid Teachers | Remarks |
|--|-----------------|--------------------------------|----------|-------------|----------------|----------------------|--|
| 1 Framingham..... | 3 | 1,610 | 250 | 210 | 1150 | 5 | 1905 |
| 2 Morton, Taunton..... | 3 | 1,381 | 192 | 252 | 939 | 3 | |
| 3 Deaconess, Boston..... | 3 | 1,250 | 99 | 297 | 854 | 1 | |
| 4 Waltham..... | 4 | 964 | 299 | 217 | 448 | 9 | |
| 5 Cambridge School of Nursing..... | 4 | 767 | 453 | 80 | 234 | 4 | { Not including work given in preliminary course. |
| 6 Children's, Boston..... | 3 | 574 | 274 | 150 | 150 | 7 | |
| 7 Worcester City..... | 3 | 544 | 59 | 110 | 80 | ? | |
| 8 Boston City..... | 3 | 502 | 35 | 323 | * | 5 | Stated as for 1 year. |
| 9 St. Vincent's Worcester | 3 | 468 | 52 | 260 | 156 | * | { Calculated as for 1 year, may be wrong. |
| 10 Massachusetts, General. | 3 | 414 | 234 | 120 | 60 | 7 | |
| 11 Carney, So. Boston.... | 3 | 400 | 40 | 125 | 140 | 2 | { Eleven of the 12 paid teachers are officers of the hospital. |
| 12 Memorial, Worcester ... | 3 | 378 | 80 | 298 | ? | 4 | |
| 13 McLean Asylum Waverly..... | 2½ | 355 | 137 | 90 | 128 | 12 | |
| 14 Somerville..... | 3 | 345 | 135 | 110 | 100 | 2 | Stated as for 1 year. |
| 15 Union, Fall River..... | 2½ | 339 | 104 | 235 | ? | 5 | { Calculated as for one year. |
| 16 Lynn..... | 2 | 328 | 78 | 200 | 50 | 1 | |
| 17 New England Hospital, Boston..... | 3 | 319 | 69 | 250 | 250 | 5 | |
| 18 Dickinson,Northampton | 2½ | 288 | 70 | 170 | 42 | 2 | { Calculated as for one year. |
| 19 Gloucester | 3 | 265 | 52 | 213 | ? | 2 | |
| 20 Adams' Nervine, Boston | 2¾ | 248 | 60 | 140 | 48 | 6 | |
| 21 Burbank, Fitchburg... | 2¼ | 247 | 100 | 147 | ? | * | Calculated for 1 year. |
| 22 Tewksbury..... | 3 | 243 | 32 | 32 | 32 | * | { Course in process of reorganization. |
| 23 Brockton..... | 2½ | 240 | 80 | 160 | ? | 3 | |
| 24 Melrose..... | 3 | 240 | 120 | 120 | † | 3 | |
| 25 St. Elizabeth's, Boston. | 3 | 225 | 40 | 117 | 68 | 1 | |
| 26 St. Luke's, New Bedford | 3 | 215 | 83 | 84 | 48 | 4 | |
| 27 Franklin Co., Greenfield | 2 | 213 | 53 | 160 | † | 2 | |
| 28 Holyoke..... | 3 | 205 | 45 | 160 | ? | 1 | |
| 29 Homeopathic, Boston.. | 3 | 203 | 123 | 80 | ? | 4 | |
| 30 Beverly | 2½ | 187 | ? | ? | ? | 2 | |
| 31 Clinton..... | 3 | 186 | 110 | 52 | 24 | 1 | |
| 32 Springfield..... | 3 | 182 | 52 | 104 | 26 | 2 | { Calculated as for one year. |
| 33 Natick..... | 3 | 179 | 55 | 92 | 32 | 4 | |
| 34 Lawrence..... | 3 | 176 | 48 | 128 | ? | 3 | Calculated for 1 year. |
| 35 Salem,..... 2 years, | 7mo. | 172 | 50 | 122 | ? | * | |
| 36 Newton..... | 3 | 166 | 70 | 80 | 16 | 4 | |
| 37 Malden..... | 3 | 156 | 52 | 52 | 52 | 1 | |
| 38 Mercy, Pittsfield..... | 3 | 156 | 52 | 52 | 52 | 2 | |
| 39 North Adams..... | 3 | 144 | 64 | 68 | 12 | 2 | |
| 40 Baptist, Brookline.... | 2½ | 118 | 48 | 40 | 30 | 4 | |
| 41 Charity Club, Brookline | 2 | 98 | 24 | 74 | 74 | 2 | |
| 42 Frost, Chelsea..... | 2 | 97 | 57 | 40 | ? | 1 | |
| 43 Lying-In, Boston..... | 8mo. | 97 | 45 | 52 | 52 | 1 | |
| 44 Faulkner, Jamaica Plain | 3 | 78 | 46 | 32 | | * | One year. |
| 45 Free Hospital for Women, Brookline... | 4½mo. | 72 | 18 | 18 | 36 | ? | |
| 46 Rotch, Boston..... | 4mo. | 48 | 32 | 16 | | ? | |
| 47 Everett..... | 2½mo. | 40 | 40 | ? | ? | 2 | |
| 48 Quincy..... | 2 | 38 | 38 | ? | ? | 2 | |
| 49 Hale, Haverhill..... | 2 | 32 | 32 | ? | § | 2 | |
| 50 Lowell..... | 2 | ? | 35 | ? | ? | 3 | |

*Numerous. † Numerous; not calculable. ‡ Numerous; not calculated. § Not estimated

This table included three schools not in Table I, viz.: The Cambridge Training School, the McLean Asylum and the Adams' Nervine.

a. What is the amount of teaching given by personal demonstrations in the wards?

b. What is the difference between first year lectures, second year lectures and third year lectures,—*i.e.*, do the nurses (some or all) hear the same lectures over again? The same question also arose concerning the other form of instructions.

I would earnestly request the superintendents of training-schools to give their attention to making these points clearer in their annual reports. Many of the schools do not get credit for the most important part of the work done by them, *viz.*, the personal instruction of nurses in the wards by the superintendent or her assistants. The number of lectures given is far less important, and far less valuable to the nurses. Yet this is stated very concisely in most reports, while the more valuable hours spent in training and teaching the pupils in the wards ("demonstrations") are not estimated. I realize that it is often difficult to make this estimate, but it is not, I think, impossible.

Recitations or "classes" with the superintendent should be clearly distinguished from demonstrations in the wards or in laboratories and kitchens, where the pupil does the work herself.

But the point on which I find it hardest to get information from the reports is this: *What is the number of different exercises attended by each pupil during the entire course?*

The relation between *what the school gives and what each pupil gets* is not clearly stated. Are the two identical? Seldom. First, because many exercises are given in sections and the total number of exercises is greater than the number attended by each pupil. Secondly, because the pupil may attend the same exercise in successive years. In the first case the school seems to give more exercises than each pupil actually gets. In the second, the pupil seems to get more different exercises than the school actually gives. These sources of doubt should be so far as possible eliminated.

On account of these difficulties of interpretation I am afraid that Table II may do injustice to several schools,—*e.g.*, to the Boston City Hospital; St. Vincent's Hospital at Worcester; the Somerville, Gloucester, Beverly, Springfield and Malden Hospital training-schools, the Burbank Hospital at Fitchburg, and the Mercy Hospital at Pittsfield.

A further and more easily eliminated error is due to the fact that some schools include (rightly) the instruction given the nurse in her "preliminary" period, while other schools,—*e.g.*, Worcester City Hospital Training-School, do not count this.

If now we look at Table II, making due allowance for the necessary

errors above alluded to, we note that as the figures stand we have three groups:

1. At the head of the list, a group of five "small"* training-schools which give a very large amount of instruction.

2. Next we find a group of (seven or eight) "large"* training-schools which give a medium amount of instruction—less than the "small" schools in the first group, more than the other "small" schools to be mentioned next.

3. Below these we find a much larger group of about 37 "small" schools giving a still smaller amount of instruction.

It appears then that while the "large" schools form a fairly compact and uniform group, offering approximately 350-550 hours of instruction, the "small" schools are divisible into two sub-groups. In the small schools we find both the largest and the smallest amount of stated teaching—1250 hours or more in 3, less than 300 in 33. Of these 33 schools, 20 give less than 200 hours, and one-half of these 20 give less than 100 hours' instruction.

These facts may be tabulated thus:

| | |
|-----------------|---|
| "Small" schools | 750—1600 hours given in 5 schools or 10 per cent. of all. |
| "Large" schools | 340—750 hours given in 10 schools or 20 per cent. of all. |
| "Small" schools | 200—340 hours given in 14 schools or 30 per cent. of all. |
| | 100—200 hours given in 11 schools or 20 per cent. of all. |
| | Less than 100 hours given in 10 schools or 20 per cent. of all. |

We see further by the study of Table II that the amount of stated teaching is largest in those schools which offer the nurse the smallest number of hospital patients for study (Framingham, Waltham and the Deaconess Hospital in Boston). This is due, I take it, partly to the fact that the nurses have more leisure in these hospitals and partly to the belief of those in charge of them that 1000 hours or more of teaching is none too little in a three or four-year course.

It may also be noted in passing that as most medical schools offer 5000 to 6000 hours of teaching, we cannot find in these tables justification of the charge that our training-schools are trying to turn out physicians rather than nurses.

NUMBER OF PAID TEACHERS.

In the long run I believe that the most efficient schools will always be those having the largest number of paid teachers in relation to the

* "Small" and "large" refer here to the size of the hospitals connected with the schools in question.

number of pupils. Unpaid teachers may do fine work for a time, but they can rarely be depended on. Hence I have attempted to tabulate as an important educational datum the number of professional teachers in each school.

The worth of the figures is impaired, first, by the excessive modesty of some superintendents, who do not count themselves at all and return the number of paid teachers in their school as *zero*; and secondly, by the fact that in the McLean Hospital Training-School and perhaps in some others it is difficult to say how many should be included in the term "paid teachers." Shall we include paid officers of the institution who occasionally teach? I should say not. Only those who give most of their time to teaching and are paid for it should be called "paid teachers."

THE FINANCIAL ASPECTS OF NURSES' TRAINING.

Some aspects of this important matter are dealt with in Tables I and III.

In Table I, column 6, we see that 43 out of the 48 schools make a small monthly allowance to cover the expenses of uniform, text-books, etc. This allowance is almost identical in all schools of this table, varying only between \$5 and \$15 a month, while in most of the schools it is approximately \$8 a month. This allowance is strikingly smaller than it was fifteen years ago.

In some schools (*e.g.*, at Framingham) the nurses are given their outfit instead of an allowance, which amounts, I am told, to nearly the same thing.

Three schools, the Cambridge School, the Children's Hospital School and the Waltham School, charge their nurses something for training:

| | |
|---------------------------|---------------------------|
| Children's Hospital | \$100 (entrance fee). |
| Waltham Training-School | \$250 (for whole course). |
| Cambridge Training-School | ? |

Scholarships and the alternative of paying by extra service instead of in money lighten the burden of these fees very considerably.

One school—the Massachusetts General Hospital Training-School—has tried charging tuition fees and abandoned it.

MONEY EARNED BY NURSES IN TRAINING.

Table III shows the amount earned by the nurses of eighteen schools. The source of these earnings and their disposition is not clearly

explained in most reports. Sometimes the nurses' earnings go to support the hospital, sometimes to support the school. Sometimes (as in Waltham) the hospital pays the training-school for the services of the nurses and thus helps to support the school. Sometimes the money is earned by service in other hospitals (as during the service of the nurses from several schools in the Corey Hill Hospital) and paid to the schools.

In most cases, however, the money is earned by service in private families, a custom which seems to have grown to be an important part of the service of a hospital situated in a small town, where graduate nurses are few.

TABLE III.

SCHOOLS WHICH EARN MONEY BY SENDING OUT PUPIL-NURSES
AND THE AMOUNT EARNED.

| | | | |
|----------------------------|-------------|---------------------------------|--------------------|
| 1 Waltham..... | \$12,845.36 | 11 Natick..... | \$710.00 |
| 2 Mercy, Pittsfield..... | 7,797.00 | 12 Gloucester..... | 698.91 |
| 3 Union, Fall River..... | 6,663.44 | 13 Clinton..... | 628.23 |
| 4 Brockton..... | 5,777.00 | 14 Carney..... | 325.00 |
| 5 Somerville..... | 2,000.00 | 15 Franklin Co., Greenfield.... | 293.00 |
| 6 Everett..... | 1,400.00 | 16 Baptist..... | 182.93 |
| 7 Springfield..... | 1,026.00 | 17 Deaconess..... | 123.41 |
| 8 Newton..... | 1,005.86 | 18 Burbank..... | 92.33 |
| 9 Charity Club..... | 791.07 | 19 Lawrence..... | Amount not stated. |
| 10 Dickinson, Northampton. | 740.00 | | |

OBSTETRICS, COOKING AND MASSAGE.

The "enrichment of the curriculum" by the addition of special branches of instruction not formerly given in the training-schools has gone on very fast in the last ten years. At the present time all the schools in our tables teach cooking except the Tewksbury School, and all the general hospitals teach massage except seven. The schools at Chelsea, Everett, Haverhill, Lynne, Pittsfield (Mercy Hospital) and St. Vincent's at Worcester are still without this teaching.

Obstetrics is now part of the training of all the schools attached to general hospitals, except the Boston City Hospital, the Brockton, Quincy and Haverhill (Hale) hospitals. The last three teach it in theory only.

PRELIMINARY TRAINING.

Much of the training needed by nurses can be given outside of the hospital wards with benefit both to the nurse and to the patient, who thus escapes the ministrations of wholly untrained probationers. The

benefits of such preliminary training are obvious but expensive, since the nurse during this portion of her training renders no service to the hospital in which and by which she is usually supported.

It is doubtless for this reason that only the eleven schools mentioned in Table IV have yet established a preliminary or preparatory period in their course.

TABLE IV.

PRELIMINARY TRAINING.

| | | | | | |
|----------------------------|---|------|--------------------------|----|------|
| Children's..... | 4 | Mos. | McLean..... | 4 | Mos. |
| City, Boston..... | 4 | " | Memorial, Worcester..... | 6 | " |
| Everett..... | 6 | " | Union, Fall River..... | 5 | " |
| Faulkner..... | 1 | " | Waltham..... | 12 | " |
| Framingham..... | 6 | " | Worcester City | 4 | " |
| Massachusetts General..... | 4 | " | | | |

EXCHANGE OF NURSES BY DIFFERENT SCHOOLS.

The movement of nurses from one hospital to another in order to supplement the imperfect training to be had in any single institution is one which must be greeted with joy by anyone who sees the obvious need of the different hospitals for each other. There are now 17 schools or about one-third of all the Massachusetts schools which send their nurses to other schools or which receive them from other schools as a portion of their training. (See Table V.) It is greatly to be hoped that this movement will increase rapidly within the next ten years. It is only in this way that the fifty odd training-schools contained within the limits of Massachusetts can justify their separate existence. Whenever a school allows its pupils to take a part of their training in another school, the two schools lose to that extent their separate existence, which is exactly what is needed. It is only in the large schools that a nurse can get a sufficient variety of experience with the diseases which she will be called upon after graduation to nurse. It is (so far) only in the smaller schools that a nurse learns to devote all her time profitably to one patient, as she must do in private nursing. Both these disciplines—that of the large and that of the small hospital—are necessary for the equipment of a well-trained private nurse. Neither has a monopoly of advantages. In so far as they can be combined by the exchange of pupils, a great good will be gained for the nurses and for the community.

TABLE V.

HOSPITALS SENDING PUPILS TO OR RECEIVING THEM FROM
OTHER HOSPITALS.

| | | |
|-----------------|-------------------------|---------------------------|
| Adams' Nervine. | Gloucester. | Newton. |
| Baptist. | Hale, Haverhill. | St. Vincent's, Worcester. |
| Carney. | Lying-In, Boston. | Union, Fall River. |
| Children's. | Massachusetts, General. | Waltham. |
| Deaconess. | Morton, Taunton, | Worcester City. |
| Framingham. | Natick. | |

SUMMARY AND CONCLUSIONS.

1. In seven hospitals each admitting over 1700 patients a year the number of *patients per nurse* per year is from 50 to 90, averaging 63.

2. In 25 hospitals admitting from 350 to 1500 patients per year the patients per nurse per year range from 20 to 54, averaging 33. Only 3 hospitals fall below 20.

3. In the remaining hospitals admitting 116 to 312 patients a year the nurses see about 27 patients per year.

In a general way, therefore, the amount of experience gained by the nurse is largest in the largest hospitals, but the difference is not so great as the difference between the size of the hospitals would lead us to expect.

4. The largest amount of instruction is given in some of the smaller hospitals, and the smallest amount in the smallest hospitals of all, while a medium amount of teaching is given in the largest schools.

5. The practice of obtaining a part of the training in each of different schools is growing fast and deserves to grow faster.

6. The money allowance given to pupil nurses is steadily decreasing as the preliminary period of training grows in favor.

NURSING ETHICS AND ETIQUETTE *

By CHARLOTTE M. PERRY

Superintendent Faxton Hospital, Utica, N. Y.; Graduate Massachusetts
General Hospital

THE object in lengthening the hospital course to three years is to give the pupil-nurse ample time to become thoroughly acquainted with laws governing the profession, and to acquire more professional knowl-

* Lecture given to the pupil-nurses of Faxton Hospital.

edge and practical experience. This is sufficient, if nurses improve their opportunities; and upon graduating, each nurse should be a loyal and efficient representative of her school, which she cannot be unless from start to finish she has been intelligent, observant, alert; in fact, has shown that she possesses the necessary qualifications, morally, intellectually and physically. As a prominent member of the profession has said, training schools have been blamed unjustly for the kind of nurses graduated. The mistake has been in accepting those who were disqualified. Such nurses have themselves been at a particular disadvantage in the school, whether the lack has been one of education, of physical fitness, or, above all, one of character and refinement. A great many nurses are unconscious of these defects; but a superintendent of experience takes note of the spirit in which a candidate enters upon her course of training. She may have only mercenary motives. Such aims, linked to a character which is not struggling to become noble, produce a result against which there is a rising opposition on the part of those in good professional standing, and on the part of the laity. Bad work is bound to be exposed in this day. A crusade has been formed, which all those who have the interest of the profession at heart hope to see successful.

Much time is lost by those in training through a want of preparatory knowledge. One is plunged into a sea of new things, without much of an idea of what is expected of her. As a study of anatomy, physiology, chemistry, physics, and bacteriology is useful in getting at the condition of the sick and the means of recovery, so an intelligent comprehension of our environment is a help to moral conduct. Each profession or corporation has its body of laws governing action. There are laws born of duty and affection for the family life; the aggregate of humanity, called society, has its social laws; the profession of nursing has its distinct code of ethics and professional etiquette.

There have been many changes within recent years; among them, the introduction into the training-schools of the collegiate system, salaried instruction, preliminary courses of instruction, and scholarships. What is meant by the collegiate system is, that instead of nurses in training receiving remuneration, they pay a sum of fifty dollars or more for a preliminary course of instruction, and are prepared to buy their uniforms and text-books, nothing being supplied but board and laundry. The course of study extends over four months, more or less, and such subjects as anatomy, physiology, bacteriology, household economics, physics, chemistry and materia medica are selected. The nurse frequently lives at the hospital and goes daily to the college, insti-

tute or lecture-room for recitations, thus having opportunity for clinical instruction, and for becoming acquainted with life in a hospital, and with the nature of sickness. At the completion of the four months, she enters the training-school for two months' probation, which test she must undergo before being accepted as a pupil-nurse. She soon learns the military aspect of the life,—that it is a life of toil and discipline where one is trained by repeated acts to absolute accuracy and skill in execution. If she is well bred, it will not be so difficult for her to comprehend the new relations which spring up between the patient, the doctor, and herself, and with innate refinement she will adapt herself to the situation. A good home bringing-up will be of help in applying what she has learned about household economics; while bacteriological study will enable her to understand the serious danger connected with dust and dirt of all kinds, especially that which floats in the atmosphere, and settles on surfaces and floors, and the bearing of this upon the health of all individuals living within the environment. She knows that where diseases are collected into one place, there will be the greater need of the precautions of cleanliness and good ventilation. Plumbing, ventilation, water supply, heat and light have all come under her observation and special study; and she will thus be able to take hold of the probationer's duties with greater efficiency. The cleaning of refrigerators, utensils, surfaces of all kinds, will have an interest as tending to banish disease, and further the recovery of the patient. It is the duty of every nurse from the beginning of her career to repeat the action, whatever it is, with a view to attaining perfection. Whatever the stage of training, this should characterize our work, the simpler duties leading up to the more skilled, requiring an ever-increasing expenditure of force and intelligence. The gentler virtues, quietness, thoughtful attention to the patient's needs, a true and wholesome sympathy, will be blended with the first-mentioned ethical qualities, and thus we shall have what a higher professional standard demands—a superior type of woman.

To-day, the difference between a large and small hospital is not so much a matter of statistics, as of the degree of conformity to the higher standard. Applicants who were accepted five or ten years ago are now unable to enter upon a course of training which involves such high qualifications. To review them will be helpful.

The educational requirements form, of course, a very important factor. These must be combined with a decided practical bent, because nursing is of all things practical in its nature. This practical element will be manifested by an intelligent care of surroundings and the per-

sonal care given to the patient; by neatness, thrift, a regard for the economical use of valuable material, whether of water, fuel, light or surgical material. Education and practical ability are indispensable; but character and *motif* tower above all other requirements. Nursing calls for right principles of conduct; not for a blind, ignorant obedience, and half-hearted effort, interspersed with carelessness. From the moment of entering the hospital we must begin to apply our previous knowledge, to gain a clear conception of what these requirements are. Gradually, we shall find our relations extending, not only towards individuals, but widening out towards those in authority—the particular training-school with which we are connected; all training-schools, and the profession generally, and finally towards a whole community and country. In learning these new relations, we learn to obliterate self; nursing, with its sacrifices, its discipline, its appeal to all that goes towards rendering a high order of service, is well adapted to the formation of character.

Ethics.—In the qualities which make up the nursing character, in our moral obligations to the sick and to each other, we have what is called the ethics of nursing. Ethics refers to character, as etiquette does to manners. Etiquette has been spoken of as “minor morals.” Ethics is the larger and deeper subject; altho’ the well-trained nurse cannot avoid giving outward expression to the experience of three years in a hospital by look, voice, speech, walk and touch. Her whole being bristles with the effect of the military training she has undergone and the sacrifices she has been called upon to make. A professional manner is the result. Some of the ethical qualities may be enumerated as obedience, truthfulness, trustworthiness, neatness, punctuality, economy, quietness, etc. All these should be accompanied with the nursing gift; by which is meant a certain adaptability to the duties of the profession, ensuring quickness and accuracy, and the underlying principle of all, professional honor. We will consider a few of these elements which enter into the subject of ethics.

Obedience is one of the abiding virtues. From the beginning to the very end of a nurse’s career it must be maintained, and no nurse is exempt by reason of seniority. When a candidate presents herself for training, she will be impressed by the military strictness of the discipline which obtains in all good training-schools. Nursing is an ally to the medical profession. The hospital exists to facilitate the doctor’s work in the interest of the patient. Carrying out the military idea, there are ranks in authority. In all matters referring to conduct and discipline, supreme authority resides in the superintendent of nurses, who

sees in addition that the patients receive good care; that the doctor's orders are recorded, intelligently noted, and faithfully carried out; that the nurses' work is executed according to methods laid down; that there is an economical use of supplies; in general, that the traditions of the school are handed down unadulterated from class to class in such a way that the entire body of graduates will bear the impress of their particular school. Obedience touches all points of a nurse's career; not only in the school, but from first to last. Probationers do not always grasp the idea. Time is awkwardly lost in expressing a willingness to do what it is expected will be done without any words; or, to do what has not been assigned them. It is expected of all in training to do what they are told; no more, no less. It is a mistake to offer services of any kind, or to make suggestions to those in authority; to remain, or come on duty one moment above the prescribed limit, in order to be helpful. "Please" and "Thank you" are phrases which may be exchanged between those of equal rank. The military command is couched in no uncertain terms. Clear, explicit directions are given, and are received with unquestioning obedience. Respect for authority is included in obedience. The rule of decisive orders and quick fulfilment adapts itself to such a serious profession as nursing, where life is in the balance no less surely than in the battlefield. Rank is to be observed throughout the whole body, which consists of the superintendent, head-nurses, seniors, juniors and probationers. As in the army men are picked from the rank and file according to the manner in which they have distinguished themselves, and placed in authority as general, major, colonel, captain, etc., so it is customary to appoint head-nurses, who may be graduates from the school, or a few from other schools, and not infrequently undergraduates during the third year of training. Pupil-nurses should give a cheerful fealty to those thus set over them, whether graduates or undergraduates, remembering that all delegated authority is representative of the highest, to which all are equally responsible. There are necessary barriers thus placed between the various ranks; familiarity breaks them down. Hence, seniors should associate with seniors, juniors with juniors, in order that the formality implied in command and respect may be sustained. To understand the full meaning of obedience, we must be intelligent listeners and keen observers of what is going on around us in the battle against disease and against all enemies to health. We must resolve to put in our best strokes while under fire. Only thus will the three years' experience find us well trained; not half-trained, careless, slothful, inefficient members of a profession which demands the best.

(To be continued.)

BACTERIOLOGY FOR NURSES *

BY E. STANLEY RYERSON, M.D., C.M.

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IN introducing the subject of bacteriology to you, it will be interesting for you to hear an outline of the history of this branch of the science of medicine. We will therefore glance back for a few moments, to the beginning of its history and trace its advancing steps down to the present time.

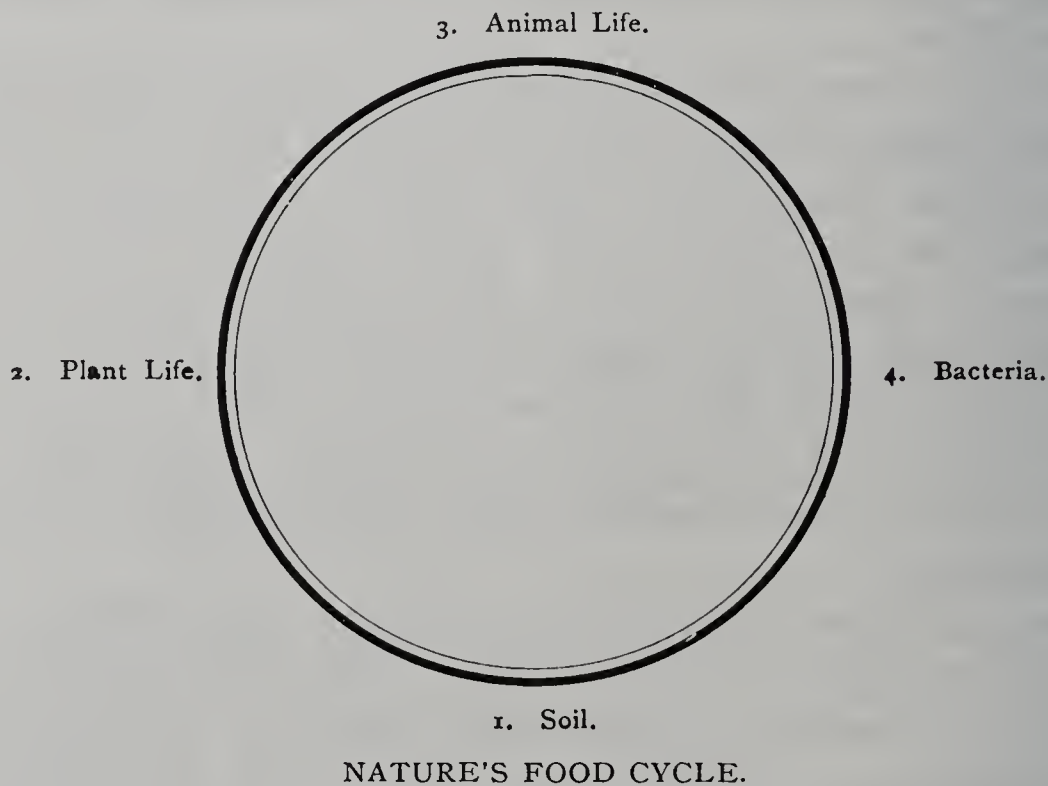
In 1675 a linen-draper in Amsterdam, named Leeuwenhoek, discovered and manufactured a lens which enabled him to detect bodies of the most minute dimensions in water and in scrapings from the teeth. These bodies he called animalculæ. It was suggested that they might be the cause of disease, but no one took the suggestion seriously. A long period intervened, with no progress, until, in 1762, Plevciz, of Vienna, stated that he thought that all diseases were caused by special germs and that they also had the power of producing putrefaction; but as he could not prove his statements many people thought that his mind was unbalanced.

About this time, scientists began to give some attention to these organisms, especially as to their origin. The most generally accepted theory at first was that of spontaneous generation. The investigators who held this theory said that these organisms were present in putrefying meat, but that they were not to be found in the meat before this putrefaction occurred, and that therefore they must result from these changes. Another class argued that when the animal died and the meat or tissue lost their vitality these germs grew, multiplied and caused the putrefaction which followed. The dispute between these two classes continued until 1840, when Pasteur and Cohn demonstrated that there was a resting or spore or seed-stage into which these bacteria could enter and that they existed in the living tissue in this stage, only taking on growth when the animal tissues lost their vitality. This discovery ended for all time the theories of spontaneous generation and established the law of Harvey, "*omne vivum ex vivo*" (all life out of life), which was known to apply to the more highly organized members of the animal and vegetable kingdoms.

* One of four lectures delivered to the Nurses of the Toronto General Hospital and the Hospital for Sick Children, Toronto, November, 1905.

Many people have the idea that bacteria are little animals or minute bugs or insects, but Cohn proved in 1854 that they are not such, but belong to the vegetable kingdom. Three years later Naegeli showed that they were related to the fungi or mycetes group, and, as they reproduced themselves by fission—*i.e.*, by dividing into two—he called them schizomycetes or fission-fungi.

Pasteur's theory that bacteria were the cause of putrefaction and fermentation was by this time a generally accepted one. He next demonstrated the place which bacteria took in what he called Nature's Food Cycle:



Let us begin at the bottom of the circle in what is labelled Soil. In the soil or ground there are certain substances which are taken up by the roots of plants and trees, nourishing them and making them grow and produce their fruits. This plant life is dependent on the soil for its nourishment. The fruits and products of plant-life are the main source of supply to the animal kingdom, represented at the top of the diagram. Suppose for a moment that this was as far as we could go; would not a time come when the substances in the soil supplying the nourishment to the plants would run out? Or, again, what would be the state of the surface of the earth, had not the bodies of animals undergone putrefaction and fermentation? It would be piled many feet high were it not for these processes, which we have learned are caused by micro-organisms or bacteria. Hence, we conclude that these minute bodies have prevented such an accumulation. What happens, you may ask, to the materials which result from the putrefaction of these animal

bodies? They become intermixed with the soil and earth and form the very substances which we said in the first place were necessary for the nourishment of the plant life. Therefore, bacteria form the connecting link and complete the cycle between the animal kingdom and the soil; and from the soil we go to plant life, from plant life to animal life, and from animal life back to the soil by means of bacteria and so on around forever. We should not speak slightly of these organisms, because we have just seen how difficult it would be for life to continue if they were not present on the earth. Only a small number of them have the dread power of producing disease.

Many endeavors were made to show some relation between micro-organisms and disease, but it was not until 1867 that any disease was proved to be due to one special organism. In this year, Davaine and Pollender both demonstrated the germ which causes anthrax, a disease found in cows, and affecting human beings in the form of a pustule.

In 1870 Lord Lister suggested that, as carbolic acid was found to stop the process of putrefaction and fermentation, it might be applied to wounds undergoing suppuration, a process that was thought to be closely allied to these changes. He tried it and obtained most satisfactory results. The use of the carbolic spray in operations and carbolic solutions for washing wounds soon resulted in a marvellous reduction of suppurating wounds. From this discovery has grown our present system of antiseptic surgery.

(To be continued.)

HOSPITAL SKETCHES

BY KATHARINE DE WITT

Graduate Illinois Training School

JANUARY 19—Sunday.—I was on duty in the morning. Mr. Mackay, a pneumonia case, who has been delirious, is quite himself again. He drew a rosary from under him and said, "My dear little wife is very religious and brought me this to pray with, but it's mighty uncomfortable to sit on." He is still very ill and has been on egg-nogg diet until to-day, when Dr. Miles ordered for him "anything he likes," a more sudden change than is usual. The results remain to be seen.

Jennie, who, for three weeks has worried me to pieces by her fussing and nervousness, repaid me for it all to-day by telling me she had never heard me say, "I haven't time to do it." I want to remember that; it may help me with some other patient.

JANUARY 20—Monday.—A red-letter day, because I got my three patients, who have been in bed so long, up,—Mrs. Appe, Jennie and Mrs. Bates. Nothing delights me as much, though I nearly broke my back in assisting them, they are so weak. Myrtle is growing into a much sweeter child and follows me like a little dog. Bridget, who likes to direct all the nurses, told me there was no heat in room 216 and I must see the engineer about it immediately. I thought I would first investigate it myself, and found the steam not turned on!

The little Dawes baby had an operation for its hare-lip.

Mr. Mackay, my pneumonia case, is doing well.

JANUARY 21—Tuesday.—Mr. Mackay is much worse, back on liquid diet; new packings and cotton jackets, and pneumonia is threatened in the other lung.

The poor little Dawes baby died last night and lay all day like a little marble angel in its crisp white dress on a pillow in one of the unused rooms. They say its mother is not very sorry. I suppose she realized that it would always be deformed and unhealthy, and so is glad it is better off; but she is a very strange woman. The baby's nurse is one of the Gamp variety, a fat old Englishwoman who nearly killed the baby with her trottings and singing, but who was faithful. She felt the importance of her position to-day, and was dressed in black with a queer white tie and queerer mixture. She exhibited the poor little baby to all who wanted to see it, talked to each confidentially about how Mrs. Dawes tried to dock her wages by a dollar, and would appear at the nurse-room asking for something to "comfort her spirits." I could not help liking the odd old thing. One queer thing happened. Miss Burns, our blind patient,—totally blind,—asked to go in to "see" the baby, and did go. She does everything any one else does. I can never realize that she is blind. I took Mrs. Bates for a ride in a wheeled-chair and we went to the children's floor, where I had a good time hugging Alden and Katie and a dozen others all at once.

JANUARY 22—Wednesday.—I moved three of my patients and am too tired to write.

JANUARY 23—Thursday.—Jennie has rheumatism now and is making herself and every one else miserable.

JANUARY 24—Friday.—Miss Blount and I were on alone until four, and how we rushed! Mr. Mackay is worse. Mrs. Scannell had a temperature of 105°, and poor Mr. Sanger was in such dreadful pain I had to call Dr. Allen. Miss Sawyer, who has a dreadful eye, paralyzed by spilling ammonia into it, made life a burden to me. She rang her bell every five minutes, calling for different doctors. At last she vowed

that she had a fever and her sister must be sent for. I took her temperature and found it normal. Poor thing! She said later she was sorry she had troubled us so, and I forgave her.

JANUARY 25—Saturday.—I was on late and had a rumpus with Dr. Allen about making rounds. We both melted at the last and parted in peace.

JANUARY 26—Sunday.—Mrs. Nielson, Mrs. Appe and Jennie are so good to me! They always welcome me so eagerly in the morning, it makes the day begin happily. Mrs. Appe sat up for two hours and a-half without getting tired. Jennie's friends brought her some flowers and she gave me a lovely rose. I tested a specimen of urine and found that it contained sugar.

JANUARY 27—Monday.—Mrs. Appe was dressed to-day and walked a little. She is such a sweet little woman! Mrs. Bates had a dreadful relapse last night; they thought she would not live. When I went in to see her this morning she lay panting for breath, but even in that dreadfully weak state, when she could hardly speak, she asked me to wash her face and hands. She is so fond of being washed.

Mr. Mackay passed a crisis bravely during the night and will gain now, we hope. Dr. Toler says his temperature fell suddenly and they "just poured whiskey down him."

JANUARY 28—Tuesday.—Miss Potter came to the hospital at noon and has the nicest room on our floor; she was a little lonely.

JANUARY 29—Wednesday.—Miss Potter was a little better. Mary Wales came to see her in the afternoon. I took her to the children's ward and she was so touched that she cried.

JANUARY 30—Thursday.—A horrid day! I was late with my work and Miss Fife went into Mrs. Bates' room before I had fixed it and was much vexed it looked so bad.

JANUARY 31—Friday.—My last day at the private hospital for the present, I suppose, as they usually change me about the first of the month. My patients are all so nice, I hate to leave them.

FEBRUARY 1—Saturday.—I am changed, as I expected, and to Ward E, in the public hospital, which is a woman's medical ward. Jennie cried when I said good-by to her, bless her heart!

I have twelve women to take care of; nearly all are in bed and pretty sick. One woman's head was covered with vermin. I cut her hair and worked over her for two hours, but even then she had to be put on a clean bed in the afternoon. It made me feel sick all day. I worked very hard, and I do love the private hospital.

FEBRUARY 2—Sunday.—I had the morning off, and when we went

on in the afternoon we found a tiny baby, only a few hours old, out in the kitchen in a wash-boiler. Its mother was one of my patients and I am so glad I escaped its arrival. Miss Thayer, the head-nurse, and I were on alone and had to work very hard, as the morning work was not finished. There is one such funny patient, named Annie. She was half delirious and called Miss Thayer "a jevil" for making her take her medicine. She made faces at me all the while I was sponging her because I helped give the medicine.

FEBRUARY 3—Monday.—A typical Ward E day. I had to help the senior nurse with her work this morning. A nurse from Ward S was sent up to help in the ward, and even then we did not get through. This afternoon, Miss Haynes and I were on alone until three, and I never had such a confused time. Miss Haynes had to finish her morning work, and I had to see to the medicine and go over to the executive building three times for discharges. In the midst of it all, two women were nauseated and had to have their beds changed, and there was one catheterization. The girl who waits on the patients fell sick and went to bed, and so they all shouted to us for everything. Our best helper left, and Dr. Bruce came up and asked for serums and solutions. Two very sick new patients came in, who had to be undressed and have their clothes listed. Our little new baby died.

We have a prisoner as a patient, and an officer stays with her all the time. In the midst of all our rush, two good ladies appeared and gave Miss Haynes and me tracts, and wished to talk with us personally, but we couldn't stop. Fortunately, Miss Haynes is a good-humored girl, and though we were nearly worn out with the rush and worry, we laughed over it. I do not believe I could have stood it if she had been cross.

FEBRUARY 4—Tuesday.—The morning was difficult, as usual, but uneventful. I had my half day and was glad of a chance to rest.

FEBRUARY 5—Wednesday.—Miss Haynes cannot get used to the medical work and the sponging yet. Her side is much harder than mine, and yesterday at eleven o'clock she had finished only three of her twelve patients. I was through with mine and went over to her side with my slap-dash methods, and by twelve o'clock we had done eight more. Our sickest typhoid died yesterday morning, and we have had several new and very sick patients admitted.

FEBRUARY 6—Thursday.—Miss Haynes has been changed to Ward F, and Miss Camp, who is used to medical work and gets through much better, takes her place. I am sorry to have Miss Haynes go, though, for she is so nice. We have an extra nurse, and a new head-

nurse, Miss Hale. Poor Miss Thayer was called home by bad news.

My work remains the same, only I do not have to help on the other side and can take more time. Alice, the girl whose head was so bad, is an interesting girl with an ugly disposition. She snarls at me all day long. I am afraid she is going to have a bed-sore.

FEBRUARY 7—Friday.—It was bath day, and I got all my patients nice and clean. Alice was more agreeable, for I tried hard to suit her. Poor little Annie had a slight hemorrhage and is very delirious. I had two hours off duty and went to the private hospital to see Miss Potter.

FEBRUARY 8—Saturday.—When we reached the hospital we found that one of our patients had died very suddenly during the night from hemorrhage of the lungs, and one of my patients, an old woman, had been moved into a private room and was dying. The poor old thing had been delirious all the time and hard to care for. She died at noon.

Poor little Annie, who made faces at me, had hemorrhages all day. We watched her carefully, but are afraid she cannot live. I spent all the afternoon in the linen-room, folding clothes. Just before I came away, Ada, our kitchen woman, brought me a piece of chocolate cake and a cup of milk. Annie seemed a little better as we left.

FEBRUARY 9—Sunday.—I was on in the morning, and we had a very decent time. We could not get the women to sweep the ward so we did it ourselves.

(To be continued.)



BOOK REVIEWS

IN CHARGE OF
M. E. CAMERON



TABER'S MEDICAL DICTIONARY FOR NURSES. Edited by Clarence W. Taber and Nicholas Senn, M.D., Ph.D., L.L.D., C.M. C.W. Taber, Publisher, Chicago.

"This little work lays claim to being the first Medical Dictionary for Nurses, filling a want hitherto unsupplied. The nurse will find it an epitome of medical knowledge, an encyclopedia of anatomy, physiology, toxicology, therapeutics, nursing, operative surgery, and kindred subjects." Thus the preface and it is no vain boast; the book is indeed a marvel of condensation. About the size of the usual pocket dictionary, it contains the usual medical terms—spelling, pronunciation of same, and derivation; there are lists of operations, giving preparation, position, and instruments; there are the poisons—their symptoms and antidotes; all sorts of accidents and their treatment. The diseases are diagnosed, prognosed, treated, dieted; fevers show each its typical chart. Truly it is a wonder-book, to give all it contains would be to give the book itself; therefore we advise each nurse who wishes to know more to get a copy for herself.

A SHORT PRACTICE OF MIDWIFERY FOR NURSES. Embodying the Treatment Adopted in the Rotunda Hospital, Dublin. By Henry Tellett, B.A., M.D., B.Ch., B.A.O. (Dublin University), F.R.C.P.I., L.M., Gynæcologist and Obstetrician to D. Steevens' Hospital, Dublin; Extern Examiner in Midwifery, Royal University of Ireland; Examiner in Midwifery, Royal College of Physicians, Ireland; Ex-Assistant Master, Rotunda Hospital; Ex-University Examiner in Midwifery and Gynæcology, Dublin University. T. and A. Churchill, 7 Great Marlborough St., London. P. Blakiston's Sons, Philadelphia, Publishers.

The fact of its appearing in its second edition declares the popularity of "A Short Practice of Midwifery" in its own bailiwick, if one may so indicate the field of nursing in Great Britain and Ireland. It will hardly make any great sales in this country, however, not for want of merit but because the field is already occupied by more than

one good book covering it, from our point of view, more satisfactorily than does the English book. The class who comprise the midwives of this country are not as a rule capable of using Mr. Tellett's very thorough and scientific book, and as a nurses' handbook it speaks to the practitioner of midwifery rather than to his faithful handmaiden the obstetrical nurse.

A COMPEND OF MEDICAL LATIN. By W. T. St. Clair, A.M., Professor of the Latin Language and Literature in the Male High School of Louisville, Ky.; author of "Cæsar for Beginners," "Notes to Cæsar's Gallic War, Book Three," etc. Price, \$1.00. P. Blakiston's Sons, 1012 Walnut St., Philadelphia.

Blakiston's "Quiz Compend" are such old friends that they need no introduction. The number "Medical Latin" is a little out of the common, being less a quiz and more a regular Latin grammar. It is written for the student who comes to the study of medicine with little or no knowledge of Latin. It is safe to predict that the ignorant student after digesting this little book is not going to be content till he follows further a subject which has been so intelligently and alluringly put before him. Who remembers the old Latin grammar proper?—what endless deserts of verbs! what never-ending declensions of nouns; the never-ending "endings!" One grew discouraged before one had begun. The present volume is small and light externally, as well as internally, and being so easily accommodated is recommended as a companion which, never in the way, may often prove a great boon and source of recreation and diversion, and which is certain to be as profitable as it is pleasant.

MATERIA MEDICA FOR NURSES. By John E. Groff, Ph.G., Apothecary in the Rhode Island Hospital., Professor of Materia Medica, Botany and Pharmacology in the Rhode Island College of Pharmacy. Third Edition, Revised, with an Appendix, giving List of Questions for Self-Examination. P. Blakiston's Sons & Co., 1012 Walnut St., Philadelphia.

Mr. Groff presents his Materia Medica in its third edition, revised after the eighth decennial revision of the U. S. Pharmacopœia, and with the addition of a series of questions for self-examination.

MASSAGE AND THE ORIGINAL SWEDISH MOVEMENTS. By Kurre W. Ostrom. From The Royal University of Upsala, Sweden. Sixth Edition. P. Blakiston's Sons, 1012 Walnut St., Philadelphia.

The most conservative of many writers on the subject of massage

concludes his book with a plea for examination and registration of trained operators of massage, thus "protecting not only themselves and the profession, but *the general public* as well." Massage has never seemed to be rightly classed with nursing, although many nurses' training-schools include massage in the curriculum. The idea of separate registration seems a reasonable one and we wish Mr. Östrom speedy success.



A SINGLE SERVICE PAPER MILK-BOTTLE.—*American Medicine*, quoting from *Sanitation*, says: "A. H. Stewart, of Philadelphia, recommends the use of a single service paper milk-bottle instead of the ordinary glass receptacle generally used in the United States. The objections to the glass bottles are the original expense of the bottles, the breakage, the difficulty in cleaning, the expense of collection of empty bottles, and the danger of transmission of infectious diseases through their use. The paper milk-bottles recommended are made in the ordinary size and are conical in shape to facilitate nesting. The bottle is saturated with paraffin, which strengthens it, sterilizes the paper and prevents the taste of the paper being taken up by the milk. The bacteriologic tests made comparing the paper bottle with the glass bottle were decidedly in favor of the paper bottle. The price of the paper bottle is sufficiently low as not to increase the present general delivery price of milk."

FOREIGN DEPARTMENT

IN CHARGE OF
LAVINIA L. DOCK



ORGANIZATION NOTES

THE STRUGGLE IN THE R. B. N. A.

THE history of the Royal British Nurses Association was, and has been, the chief lesson taken to heart by the thoughtful women among American nurses, who are willing to learn by the experience of others.

A noted woman, famous for her record in reform work in questions relating to women and children, has said that the leading characteristic of the American people is that they are incapable of learning from the experience of others. Thus, in our young country, the same calamitous conditions of child-labor are sweeping the land, and laying the foundations for misery beyond computation, which disgraced England for half a century, and the price of which she is not done paying. We will not learn from her bitter lesson. So, too, the position of women in this free land started no higher, no freer, no better, than in old monarchies. Not from the example of others, but through sad experience, are they struggling toward education, legal justice, and liberty to earn their living. But the history of the R. B. N. A. did act as a warning. Through it we learned that it was a dangerous principle to admit physicians,—who are, if not directly the employers of nurses, at least largely middle-men,—to positions of leadership or control. It was so plainly evident that the best ones among physicians,—those we might safely be ruled by,—did not desire and would not take such positions, and that the only ones who wanted them were the jealous and petty sultans among men.

At home we have proved this many times, for our broad, fine men have invariably said, "Manage your own affairs, and we will help you as brothers," and the ones who want to rule are the mercenaries, who look upon nurses as a money-making investment. In the struggle now taking place in England a group of these small men are determined to allow the nurses no just representation in the organization of their working lives and conditions.

One of the significant things these men have done has been to suppress the addresses of members. This is a well-known political

device to keep people from uniting among themselves against unjust control. We have our own examples of it at home in the nurses' directories controlled by medical men, in not one of which can the nurses' addresses ever be learned. We have had personal experience of this in the case of the Philadelphia registry.

What the R. B. N. A. dictators are trying to do is, to prevent the establishment of a central examination; to allow medical men to place untrained women on the register after five years' "practise;" to put medical men in the majority on the central committee.

The *British Journal of Nursing* justly remarks: "Thus trained nurses under this bill are made absolutely dependent upon the will of the medical profession, which is to have power to govern them without the responsibility of training, employing, or paying them."

A private nurse in England expresses as follows the feeling among nurses: "One of the most insulting incidents at the meeting of the R. B. N. A. on January 17 was the contemptuous manner in which Dr. Comyns Berkeley, the Medical Hon. Secretary, attempted to excuse his committee for depriving us of our addresses on the roll which they substituted for our Register of Trained Nurses. We are not quite the homeless nomads Dr. Berkeley appears to think we are. . . . Several of my friends are nurses—from my home district—and they all have homes—one the vicarage, two are daughters of solicitors, and one of a medical man, and very grateful these professional families of good standing are to have their daughters occupied in healthy, interesting work, instead of wasting time at home, looking out for a husband, as did women in the same rank of life in the last generation. Nurses also of different classes have homes or friends, and to publicly state that an honorable body of women, such as our trained nurses are, shall not have their addresses published in their registers *because they are homeless* is about as insulting a thing as ever the R. B. N. A. has done, and that is saying much. The truth is we are easier to 'nobble' and control if we are not known to one another. *Coöperation* amongst, not registration of nurses, is what our enemies, employers, and in some cases, sweaters, fear, and are determined to prevent."—*British Journal of Nursing*.

THE IRISH NURSES' ASSOCIATION.

The Irish Nurses are a joy for their vigor, character, and energy. An Ulster branch has lately been formed, where an inspiring address was made by Miss Huxley, a woman whose mind any man might be proud to possess. A precious ingredient in the make-up of the Irish nurses is great common sense, and the interest they take in public ques-

tions is refreshing to behold. Another effective member is Lady Hermione Blackwood, who has done much in bringing them together and who has been made president of the Ulster branch.

MISS ISLA STEWART'S admirable address on the Twentieth Century Matron has been translated into the *Danish Nursing Journal*.

THE city of Berlin is to have a model institute for the reduction of infant mortality. Both France and Germany have active reform movements in favor of the natural nourishment for infants in place of the widely-prevalent artificial foods. The Berlin establishment is to be a centre for study and original research and investigation, open to all the medical scientists of the empire. Besides laboratories of the most advanced science, there are to be reception wards and homes where mothers will be kept for several months with their babes; and a model dairy of cows and goats for experimenting with these substitutes for mother's milk. The city of Charlottenburg has donated a magnificent site of land for the buildings, and an endowment will come jointly from the municipality and from private munificence.

THE Berlin Society for Warfare against Tuberculosis employs a nurse, who during the past year has made 1,500 visits. Nine men, 26 women, and 24 children have been sent for curative treatment to sanatoria; 31 men, 18 women, and 3 children in incipency have been given recuperative vacations; 3 men, 8 women, and 1 child were placed in hospitals; 3 women and 17 children were settled in the country, and 17 children sent to summer colonies. The society distributed 2,200 litres of milk, and an abundance of other nourishment, financial aid, clothing, bedding, fuel, etc.

BERLIN is about to establish sanitarium schools in country and mountain regions for delicate or convalescent children, where they will continue to receive their education while improving in health.

THE silver wedding of the German emperor and his wife has been celebrated, at their request, by munificent donations for humane purposes, and the German Nurses' Association made a special effort in

gathering funds for the "Hilfskasse," or fund for the aged and invalided nurses who are ineligible for private insurance, and for whom the State insurance is too meagre.

Nosokomos, the journal of the Holland Society of Nurses, is now appearing as a weekly instead of monthly. *Nosokomos* is a thoroughly up-to-date journal, most intelligently and fearlessly edited, and is doing a great work in uniting the nurses of Holland.

Nursing Notes thinks the last year's report of the Royal National Pension Fund a very satisfactory one; the invested funds reach \$5,000,000, and in the year 1905 1,300 new policies were issued. Since the time of starting the fund over \$300,000 have been paid in pensions. This is all very well, but the disgusting patronage and humiliating publicity with which the English pension fund is conducted, together with the fact that it has always served as its first purpose for the glorification of a professional philanthropist, are very serious drawbacks. There is no reason why a pension fund for nurses should not be conducted with quiet dignity and on a perfectly business-like basis. If we ever have one in this country it is safe to predict that the nurses themselves will have something to say about it.

AN English nurse writing to the *British Journal of Nursing* from Paris says: "To-day is Christmas Day, and it feels very dreary here after England. Nursing matters are in a very sad condition here, and are likely to remain so. I recently visited the 'Hôpital des Enfants Malades,' one of the largest in Paris, containing 800 beds. I cannot describe to you what it is like. The heat is dreadful and all the windows are kept closed. As the nurses in so many Paris hospitals are quite of the lowest class, the general tone is more than doubtful. I am much afraid that there are not many people who will take interest in the Nursing Conference." Perhaps the visit of groups of intelligent women from all countries (for I think we shall have some from almost every country where there are trained nurses) will do something toward stirring up interest in nursing questions in Paris.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF
ELIZABETH ROBINSON SCOVIL



WOUNDS OF THE EYE.—*Colorado Medicine* says: "Aseptic precautions are a necessity in every wound of the eye. All of the adjacent parts should be carefully cleansed. Unless they are infected, simple incised wounds and scratches of the cornea should not be interfered with except to smooth out misplaced flaps. In order to avoid infection not only must the outside of the lids and lashes be made clean, but they must be kept clean until the wound has healed. The eye should be closed with a dry or moist bichloride dressing. If the eye is very painful, the dressing may be removed and iced cloths applied until pain ceases. Then the local cloths may be continued or the dressing may be replaced. The writer emphasizes the importance of using iced cloths for the prevention of ocular infection. Oil is the one thing to use in a burned eye. The writer prefers castor oil. In serious penetrating wounds of the eyeball every endeavor should be made to combat infection. The writer believes that this is best accomplished by the constant application of iced cloths. If there is any question about the eye containing a foreign body, an *x*-ray picture should be taken by an expert. The foreign body should be removed as soon as possible. Atropine is strongly indicated both in penetrating wounds of the globe and in infected simple wounds. The writer concludes by saying that cocaine is not a remedy. It is a local anesthetic. It serves no good purpose and may do a great deal of harm."

DEATH FROM ELECTRIC ACCIDENTS.—The *Journal of the American Medical Association*, quoting from a foreign exchange, says: Jellinek concludes his monograph with the assertion that death from electric accidents in the majority of cases is merely apparent death. The menacing symptoms are frequently of a transient nature, tending to improvement, the vital functions in many cases being merely transiently disturbed or inhibited, and recovering if efforts at resuscitation are kept up long enough. The electricity has a double action. If the material changes are not too pronounced, the psychic phenomena may right themselves in time.

APOMORPHIA.—Dr. George H. Peddle in the *New York State Journal of Medicine* describes some experiences in the use of apomorphia. He gave from 1/10 to 1/20 of a grain in cases of nervous excitability following alcoholic excesses. In each case its use was followed by refreshing sleep. He also used it in cases of alarming clonic and tonic spasmodic seizures in hysterical contortions and fits, with satisfactory results in relieving the conditions. It relieved the convulsions following poisoning by oil of tansy and even relaxed rigidity of the muscles in a case of tetanus. He suggests its use in hydrophobia.

DIPHTHERIA ANTITOXIN EFFECTIVE IN SCARLATINA.—Lopez in *American Medicine* states that in his experience early curative doses of diphtheria antitoxin administered in scarlatina abort the disease, curtail suffering and lessen the risk to the patient, one dose of 2,000 units being sufficient in the average case of sore throat due to bacterial infection to effect a speedy cure. He also finds the serum equally effective in all anginas, be they scarlatina, tonsillitis, quinsy, etc., through neutralizing the toxins and reducing the fever and local congestion which contribute to the patient's suffering and the element of danger. There are no contraindications. Lopez says that it should be remembered that the largest quantities of serum the most severe cases may require, from 20,000 to 100,000 units, are not depressing to the heart, are not attended with any bad results or sequelæ and are without a single element of danger.

SIMPLE BANDAGE FOR FRACTURED CLAVICLE.—The bandage employed by Colomb and recommended by him in the *New Orleans Medical and Surgical Journal*, is made from one piece of stout cloth, three yards long for a child and from two and one-half to three inches wide. Enough of the bandage is folded over at one end to extend the full length of the forearm. This is sewed along the bottom, the lapel end and greater portion of the top, leaving an opening into which the hand and arm can be passed easily. Once the arm is inside the sleeve, a safety-pin closes the opening more snugly around the arm, so as to prevent its removal. A few safety-pins where the folds cross make the bandage secure.

ACTION OF TEA AS A BEVERAGE.—Dr. Lauder Brunton, in the *Practitioner* (London) says: Tea may interfere with nutrition in three ways. By lessening the feeling of hunger, by rendering food less

digestible, by interfering with the digestive form of the stomach. While it lessens the nutrition of the body it enables the person to use up much more energy than would be possible without it and so injuriously affects the nervous system. Although tea prevents fatigue from being felt for a while exhaustion is going on both in mind and body and tends to destroy the power to do any useful work, either mental or physical. It may induce neuralgia, which has been described as the prayer of the nerve for better blood and more of it, and the over-exertion which tea makes possible renders the neuralgia more severe and continuous. Tea is a powerful stimulant to the circulation, and if abused will lead to feebleness of the pulse and to palpitation. Tea if taken in moderation and prepared in the proper way by infusing for two or three minutes and then pouring the water off the leaves, suits healthy people very well. When taken in too great quantity, or with meat when too strong or infused too long, it is apt to produce digestive disturbances.

Green tea and black tea are obtained from the same plant and only differ in their preparation. In green tea the leaves are roasted in a pan soon after they are plucked; in black tea they are allowed to undergo a form of fermentation before being roasted.

A REMEDY FOR CHOLERA.—Dr. Ussher, a medical missionary at Van, Asiatic Turkey, has tried a remedy for Asiatic cholera, said to have been first used in this country by Dr. Erskine B. Fullerton, with the following results: C. D. Ussher, inspired by Koch's statement that quinine in 1/1000 to 1/2500 solution destroyed the cholera germ in from ten to thirty minutes, has used the drug in the treatment of cholera, giving ten grain doses every hour till bile reappears in the stools; from forty to eighty grains have been given. While under the old treatment nearly every case was fatal, under this medication 90 per cent. of the patients recovered, including some who were almost moribund. The routine method is described as follows: Quinine sulphate, 10 grains every hour till ricewater stools ceased and bile reappeared; sweet spirits of niter, dry cupping, heat, and friction for suppression of urine; saline injections when the wrist pulse had disappeared (some of these patients recovered under the quinine without injections). Occasionally a diarrhea mixture was employed if intestinal irritability continued after the reappearance of bile. If irritability with foul odor persisted, a mixture of equal parts of sulphophenolates of zinc, calcium, and sodium was used at intervals of from two to four hours.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

[LETTERS to the editor must be accompanied by the name in full and address of the writer, otherwise such communications cannot be recognized. The name need not appear in the JOURNAL unless so desired.—ED.]

DEAR EDITOR: Will you allow an ex-army nurse who has over three years of active service to her credit space to say a few words in regard to army nursing in war time in relation to the eligible volunteer list?

The letter from L. L. Hudson, published in the February number of the JOURNAL, seems to me to offer by far the strongest argument in favor of such a list that has yet been presented, although doubtless it was not written with this end in view. To plead the confusion and mismanagement that existed in early war days as an excuse for withholding support to a measure that has for its primary object the prevention of a like condition in future seems rather illogical.

Possibly if the army nurse of '98 could have been drawn from such a list, Miss Hudson's experience might have been quite different.

Unless my memory is at fault the doctor lady received her appointment as chief in place of a nurse who had proved incompetent. At that time Presidio, together with most of the large army hospitals, rejoiced in a miscellaneous collection of women—good, bad and indifferent, and the surgeon in charge, like many of the older army men, knowing little or nothing of the trained nurse, judged all by the unfortunate standard set by a few. Later on he learned to appreciate them at their full value, but alas, he swore to the bitter end!

Miss Hudson and her friend seem to have been peculiarly unfortunate in their experience with army surgeons. How can anyone state that there were no gentlemen in a corps that numbered Colonel Geo. H. Torney, gruff but kindly General Woodhull, Major Kendall, Major Shaw, Major Ireland, and the late Major W. R. Hall among its members?

There is, however, a strong sentiment among ex-army nurses that the Medical Department is a little unreasonable in demanding the flower of the profession in exchange for its own offers in return.

The government has been sufficiently liberal in the matter of quar-

ters, travelling allowances, etc., but the hated army ration, like the poor, bids fair to be with us always.

When the Army reorganization bill with its provision for a permanent Army Nurse Corps was passed in 1901, it was with a bitter sense of disappointment that we noted that no change had been made upon the (to us) vital point of subsistence. We had by our two and a half years of service proved to the Medical Department that the trained nurse was a necessary adjunct to the military hospital, but we had failed to impress it with the fact that we were deserving of a better class of maintenance than that accorded to the teamster and the enlisted man.

I am not discussing the ration from the viewpoint of its desirability as food for women of the class from which our best training-schools are recruited, but entirely in its relation to the dignity of the nursing profession.

While chief nurse of a small military hospital in Northern Luzon, I had occasion to fight many a battle royal with the commissary officer in regard to our allowances and commissary privileges. One day he exclaimed somewhat irritably: "Well, it is hard to class nurses properly, for you know the only other persons to whom rations are issued are enlisted men and teamsters!" Now, teamsters, or in other words *mule drivers*, are about the toughest element in the entire service, and of course it was anything but gratifying to hear myself and my companions ranked with them.

This seems to be the sentiment of the army as a whole, although many are too polite to express it, for there is a big social difference between he or she who draws rations and he who pays his own mess bills. A very disagreeable feeling was created during the meeting of the Spanish War Nurses in Washington in December, 1902, by the action of the Army Medical Department in connection with the Navy Nurse Corps bill, which had already been introduced in the Senate by Mr. Gallinger of New Hampshire. The Army objected so seriously to this bill because of the superior allowances, pay and (above all) *position* that it accorded the Navy nurse that it actually had to be withdrawn from the Committee on Naval Affairs and revised to make it more uniform with the Army Nurse Corps. Needless to say that in the process it was shorn of most of its advantages.

We felt that the bill should have been allowed to stand as first drawn, and if it successfully passed both houses of Congress the army could then have secured legislation which would enable it to bring its own nurse corps up to the same standard.

In view of the above you may be surprised to hear that for the last two years my name has been enrolled on the list of eligible volunteers.

In my letter to-day I am simply trying to help solve the problem of why the ex-army nurses do not respond, by giving to the JOURNAL a few of the reasons known to me; and although perfectly in accord with them in regard to the objectionable features of army nursing, I personally feel that should my country ever again need my services I will cheerfully give them even under the old conditions.

With the present ever-increasing prospect of something much more serious than the dawn "Coming up like thunder out of China 'cross the bay," surely the nurses of this country are not going to leave the medical department with a list of fifty names from which to draw its volunteer staff.

No matter what may be our views in regard to the conditions imposed by army service, who of us who have served under the Stars and Stripes in Cuba, Porto Rico, China, the Philippines, and in the camps of the United States will fail to respond to the celebrated toast of Admiral Decatur:

"Our country! * * * May she always be right; but *right* or *wrong*, our country."

ESTHER V. HASSON,
Ex-Army and Spanish War Nurse.

TO THE EDITOR: It is true that state registration for nurses is one of the longest steps yet taken towards establishing the profession of nursing on its proper basis in the eyes of the world; that is to say, ranking it among those professions the members of which are honorably and legally recognized, and cannot be competed with by any who have not carried out the prescribed length of study required for making them members of such professions.

It is true that nurses are working hard all over the world to gain recognition as a body by the state, and to impress on it the necessity that it should grant them its protection; and in a measure they have accomplished their object. Many lawyers and some doctors are interested in the effort, and coöperate in it; but outside of these, who is there of the general public who knows of the effort that is being made? The world in general does not know what nurses are trying to obtain, and because of its ignorance is not lending its interest. Why is it that more of what is being done or written is not published in the daily newspapers, as well as in the nursing periodicals, so that the public can

become interested, and therefore educated to the fact that the profession of nursing is as important as the medical profession, and that quackery among nurses is not to be countenanced any more than quackery in any other profession?

It seems to me that the real help towards establishing this state of things is not coming from doctors, who, in spite of all that nurses have done, still continue to employ untrained nurses; nor from lawyers, who admit that registration is right and let it go at that; but from the every-day reading public, who are our true employers, and are the ones who would naturally demand skilled work for good money. Also, it is only by giving wide publicity to the matter that those women who have no right to style themselves "trained nurses," but nevertheless demand trained nurses' fees, can be reached, and have the enormity of their deception placed before them and the public.

Monthly and weekly periodicals reach comparatively few; newspapers reach everyone. Therefore let all such articles as the one on "The Progress of Registration," written by Miss L. L. Dock, be published in every daily paper, and not confined solely to the *AMERICAN JOURNAL OF NURSING*. I am writing this from my own personal experience, and also because I have heard educated members of the reading public express ignorance and surprise that such a step as state registration is in existence, and wonder what its accompanying benefits may be to the public. If publicity is not given to registration, the privilege of writing R. N. after her name will not be of any more value to the nurse in the future than the diploma and badge have been to her in the past.

PHYLLIS S. WOOD,
Graduate Buffalo General Hospital.

DEAR EDITOR: I should like to say to "Yearling" that when in doubt, an excellent rule to follow is to do that which is useful to one's patient, for it is the nurse who is of service who continues to be in demand. As to diaper washing, I started on my career as a private nurse with the idea that it was work which did not belong to me, and I clung to that idea for some time, until I found out how upsetting it was to an entire household to add that to the work of an already overburdened servant. If there is a laundress, regularly employed, I give her the diapers to do, but I wash out the soiled ones as soon as they are taken off the baby, and leave them soaking in cold water and ivory soap. The good feeling this brings forth repays me for the little extra work. All

servants dislike to wash diapers which have been left standing, and who can blame them? Where there is no laundress, I do them myself. If the patient will provide an agate pail and a tiny wash-board, the washing can be done in the bath-room and the boiling on the kitchen stove, with no trouble to any one. If put on to boil in cold water, there will be no stains. I usually give the baby's flannels to the washer-woman to do, as she has better facilities for doing them, and knows how to keep them soft better than I do.

To wheel a baby carriage through city streets is a most monotonous and tiresome occupation. I would far rather wash diapers, but I never refuse to do it, if the mother of the baby wishes me to take it out, for I see so many carriages bumped about by careless nurse-maids, or turned toward the sun or wind, that I think the poor babies should be in the care of the best available person. In the country, in summer, especially where there are large grounds for the baby's use, it is a delight to be out with it.

The only time I envy nurses of other schools their out-door uniforms is when I see one out with a baby, for she is secure from friendly advances from nurse-maids. Some of these I am glad to know, but they are not the ones who hail a passing stranger with a carriage as one of their own gossiping craft.

K. D.,
Chicago.

DEAR EDITOR: I think our private nurses are prone to shirk answering questions and papers that appear in the JOURNAL, each one thinking, I suppose, that one more competent and less busy will take it upon herself to answer them.

In reply to "Yearling" in the March JOURNAL, I would say that while I have done only a limited amount of obstetrical work in eight years of nursing, I have always found it more satisfactory to attend to the washing of the baby's flannels myself unless quite sure that the servant could and would do it properly.

I think a servant should do the napkins. I have never wheeled the baby out myself. It seems to me better to let a servant do that. Of course, if there were no servant I should do it myself. It has been my observation, however, that many obstetrical nurses do wheel the baby out, and in uniform.

Speaking of going out in uniform, I wonder why intolerance is such a common fault of nurses, who of all people should cultivate a spirit of tolerance? A recently read article on the subject of a nurse going on the street in uniform would lead one to suppose that under

no circumstances whatever was it pardonable. Of course, it is not the correct or desirable thing to do, but there are frequently cases when if a nurse did not take her few moments of outing in uniform she could not take them at all.

And while in a dissenting mood, I wonder why some things are done in training-schools that, from a common-sense standpoint, seem rather absurd? For instance, in one school of which I have been told, the nurse provides a complete probation outfit,—uniforms, aprons and cuffs in abundance, which at end of probation period are all discarded, not even the aprons and cuffs used, although there is only the slightest difference in the way they are made. In one instance of a nurse who is making a splendid record in the school, it was really a hardship to her family to provide the quantity of uniforms required. It seems as if some of the unnecessary labor and expense might be avoided.

In the same school the nurses are not allowed to speak to internes. If an interne enters a parlor where a nurse is with a visitor the nurse is required to leave the room. Among a class of young women such as nurses are supposed to be, such rules seem rather out of place.

In a very excellent school where seniors did outside work at the time, the rule was made that no nurse should drive with a coachman unless some member of the family were along. Some nurse had stooped to flirt with a coachman and the rest of the school were made to suffer with her. Naturally there was great indignation.

I have digressed from original purpose and sound very critical. My attitude toward nurses and training-schools is not critical, however.

V. V. H.,
Madison, Ga.

DEAR EDITOR: For some months past, I have been an interested reader of the articles in which nurses have been criticised for not responding to the call for nurses for the Army Reserve Corps, also in some of the answers which have appeared in the late JOURNALS.

First, I must admit that, to the general public, it may look like indifference or lack of patriotism, but that it really is, I most emphatically deny. The busy nurse is apt to put off the complicated and troublesome preliminaries that are required, when she does not see any signs of really being needed, perhaps not in years, possibly never.

As for the ex-army nurse, she may have her reasons for not offering her services. Of the many whom I know, there is not one whose loyalty and patriotism can be doubted, nor who would not willingly go anywhere where she needed.

I was an army nurse from July of '98 to April of 1900, and in all have done over six years of government work, yet I hesitate to offer my services to the War Department, not knowing whether they would be considered worthy of acceptance. Is it not possible that many others may feel somewhat the same?

ANNA R. TURNER,
Ancon Hospital, Panama.

DEAR EDITOR: A few of the methods I have adopted in obstetrical nursing may be of help to "Yearling" in solving the problems mentioned in the March number. When engaging for a case a list of supplies is given the patient including gauze, cotton and old squares of linen or soft cotton for use inside of diapers. I explain that the vulva pads of gauze and cotton and the squares containing the worst of the soil are burned, thereby saving much laundry. I myself rinse out the wet diapers for use the second time (never more), and place the soiled ones in cold water in the laundry for the maid to wash. I only wash the baby's flannels when I see that they are being ruined.

Usually the baby can take its airing in a basket or cab on the porch. I would not consider it bad form, however, to wheel the baby on the street, but I do consider it the worst of bad form for a nurse to wear her uniform on the street under any circumstances.

When it is possible, if the nurse will spend a half day with a prospective patient, making the pads herself, she can explain the method she pursues. When I have done this I have been repaid by having everything ready at the time of confinement, and invariably the patient has instructed her servants what to expect. Some nurses do not consider it their duty to wash and sterilize the bottles where they are used for the baby. Others do not carry or prepare the patient's tray. To me these things are more strictly the nurse's work than doing the laundry. I cannot say that these are the rules of this locality, as I find that nurses follow their own ideas and individual tastes in settling problems for themselves.

L. B.,
Des Moines, Iowa.

DEAR EDITOR: The managers of quack training-schools for nurses, correspondence schools, short-term schools and the like, where nursing pretends to be taught without patients, by dint of hearing a few lectures and attending a few classes, are adopting a most shameless and hypocritical method of advertising themselves and of protecting themselves

from public criticism. Understanding well the readiness with which numbers of well-meaning but sentimental people allow themselves to be taken in by pious frauds and by asseverations of religious purpose, the quack nursing-school is now blatantly cried over the country as founded on religion and a love of humanity, and as working solely from a religious impulse. The cant, amounting to plain blasphemy, and fulsome pretentiousness and unctuousness with which the circulars and reports of these schools are filled, is disgusting to a refined mind and odious to those who abhor seeing the mantle of true religion used to cloak the most fraudulent and self-seeking purposes.

There is too little genuine, self-forgetting, unostentatious religion to-day, and too much of the loud declamatory type. The mode of advertising of the fraudulent nursing-school is precisely that of the patent-medicine fraud. It is a canny scheme, because many will be intimidated by it and will hesitate to oppose what wears the tag of religion, fearing to be shrieked at as irreligious or as hostile to the works of religion.

JUSTICE.

DEAR EDITOR: I have wanted to send thanks to the JOURNAL many times for ideas and helps found within its pages, but one thing especially has been of great benefit to me. That is Miss Ruth Sherman's "Method of Sterilizing in a Private House," and I want her to know that several others have thanked her in their hearts for so carefully explaining how to arrange the cheese-cloth around the boiler, so that there is no chance of the bundles to be steamed falling into the water.

Until I made a hammock after her pattern I had had many a slip into the water of parcels to be steamed—sterilized. I gathered the cheese-cloth at the handles, and fastened it with safety-pins, but I always held my breath (while some one else held the opposite end of the cloth), and at intervals until the bundles were safely out of the uncertain sterilizer.

Now with this new device I feel as comfortable as if I were in a modern hospital sterilizing-room, and so do not need to plan time for possible mishaps. The JOURNAL is a great post-graduate assistance.

E. L. P., R.N.

DEAR EDITOR: Answering "Yearling," as a nurse of long standing, I made it my rule to wash my babies' diapers and flannels in all cases where there was no nursemaid or separate laundress. I knew then how they were washed—no soda or washing powders, and by the

use of small folds of muslin that were destroyed, and rinsing or, indeed, washing at once, as soon as used, I experienced very little trouble, and except when the water was unusually hard, no detriment to my hands. As to the flannels, no one else seemed to do them so well, and I was careful that they did not need to be washed too often. No baby is too young to be trained to the use of a small bowl, held in the lap. This obviates a good deal of washing. I *have* caught the meconium! I am aware that my practice is rather the exception, but I never found my dignity or standing lowered by such action. My record stands now at my sixtieth birth. "1890."



PNEUMONIA.—Dr. H. B. Weaver in an article in the *Medical Record* says that pneumocnia is increasing in prevalence and fatality and urges that more attention should be paid to prophylaxis. If measures of prevention were more generally taught and adopted, the prevalence of pneumonia could be greatly reduced in a short while. The profession should know and the people must be taught how to prevent pneumonia. They must be informed that it is infectious; that it can be communicated from one person to another; that it is *preventable*. And how? Simply by taking care of the sputum of pneumonia patients. Instruct them not to expectorate indiscriminately on the floor or bedding. Let them spit in a cuspidor, or upon cloth, which should be immediately burned. The mouth and teeth should be thoroughly and often cleansed with an antiseptic wash. In fact all the excretions should be as sedulously disinfected and destroyed as in cases of typhoid fever. And after recovery or death in every case of pneumonia, the room should be as thoroughly disinfected by fumigations with formaldehyde as in cases of all other contagious diseases.

PERUVIAN BALSAM IN TREATMENT OF WOUNDS.—The *Journal of the American Medical Association*, quoting from a foreign contemporary, says: "Schlöffner has treated more than 100 cases of wounds with Peruvian balsam and his experience has convinced him that the balsam has certain properties which surpass those of any other substance at our disposal for the treatment of wounds, especially in crushed and soiled tissues. Severe inflammation never develops in any wound treated with the balsam in the first twenty-four hours. The balsam is poured into the wound and every crevice filled. It attracts the leucocytes to the spot and has a kind of mummifying effect on the dead tissues, while it mechanically checks the development of micro-organisms."

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

THE MEETING OF SUPERINTENDENTS OF TRAINING-SCHOOLS.

The twelfth annual meeting of the American Society of Superintendents of Training Schools for Nurses will be held in New York City on April 25th, 26th, and 27th, at the Academy of Medicine, 17, 19, 21 West Forty-third Street.

The first session will be on Wednesday morning at 11 o'clock.

After the morning session, the Society will be entertained at lunch at Delmonico's by the alumnae associations of New York City.

The afternoon session will open at 3 o'clock.

The New York Hospital Nurses Club will entertain the Society at a tea at their clubhouse, 8 West Ninety-second Street, from 4 to 6 P.M.

The exhibit at the Nurses' Settlement will be open at 7 P.M.

The morning session on Thursday will be at 10 o'clock, and the afternoon session at 2.

The Society is invited to inspect the Nurses Settlement exhibit from 4 to 6 o'clock.

There will be a reception at the Florence Nightingale Hall, of the Presbyterian Hospital, at 9 o'clock.

The morning session on Friday will be at 10 o'clock. A demonstration of some practical methods of nursing will be given in the Sims Operating Room at Roosevelt Hospital from 3 to 5 in the afternoon. The following committee is in charge: Chairman, Miss Van Kirk, of Mt. Sinai Hospital; Miss Samuel, of Roosevelt Hospital; Miss Wilson, of St. Luke's Hospital; Miss Rykert, of the Post Graduate Hospital.

The residents of the Nurses Settlement have extended a cordial invitation to the Superintendents' Society to visit the Settlement on Wednesday evening and Thursday afternoon. The houses will be thrown open to the visitors, but they will perhaps be most interested in the exhibit of visiting nurse's work. This small exhibition will be held in a neighboring tenement-house and will be designed to show the adjustment of a few of the best methods of nursing to the appliances that may be gotten together in the ordinary home of the poor man. In connection with this Miss Rogers, Supervising School Nurse, will also display the very simple and economical outlay necessary for the establishment of a nurse in public-school work.

The following hotels are suggested to members:

Hotel Manhattan, Forty-second Street and Madison Avenue, New York City; \$2.50 per day.

The Murray Hill Hotel, Fortieth Street and Park Avenue; \$2 to \$4 per day.

The Holland House, Fifth Avenue and Twenty-ninth Street; \$2.50 per day.

Park Avenue Hotel, Park Avenue and Thirty-second Street, \$1.50 to \$2 per day. Two in room, \$2 to \$4.

Hotel Martha Washington (Women's Hotel), 29 East Twenty-ninth Street; \$1 to \$5 per day.

The Westminster Hotel, Irving Place and East Sixteenth Street, \$1 to \$3 per day. American Plan, \$2 additional per day.

REDUCED RATE FOR THE DETROIT CONVENTION

Members contemplating attending the Convention in Detroit are asked to send in their names as soon as possible, particularly those living in the South, Southwest and West, *i.e.*, west of Chicago.

The reduced rate will be in effect from Friday, June 1 to Monday, June 11; this time will be extended for members living in localities more than three days' journey from Detroit, providing the number travelling from such localities warrants the reduction.

Additional information will be published in the May JOURNAL.

MARY E. THORNTON,
201 West One Hundredth Street, New York City.

STATE MEETINGS.

NEW YORK.—The annual meeting of the New York State Nurses' Association will be held in the City Hall, corner of Eagle Street and Maiden Lane, Albany, N. Y., on Tuesday, April 17, 1906. The meeting will begin promptly at 10 A.M.

An interesting programme has been prepared. Mr. L. Bissell Sanford, R.N., will read a paper on Registers and Club Houses, and a member of the Monroe County Registered Nurses' Association will speak of the necessity of organizing county associations.

FRIDA L. HARTMAN, R.N., Secretary.

GRADUATE NURSES' ASSOCIATION OF THE STATE OF PENNSYLVANIA.—The spring meeting of the Graduate Nurses' Association of the State of Pennsylvania will be held at Altoona, Blair County, Penna., on April 18, 19, and 20.

The first meeting will be held on April 18 at 2.30 P.M. in the Opera House. An interesting programme has been prepared and all who are interested in hospitals, nursing, or their fellow-men are asked to attend.

The executive sessions will be held at the Logan House on the following days.

MAUDE W. MILLER, Assistant Secretary.

QUARTERLY MEETING OF THE GRADUATE NURSES' ASSOCIATION OF CONNECTICUT.—The regular quarterly meeting of the Graduate Nurses' Association of Connecticut was held at Grace Hospital, New Haven, February 7, 1906, the first session at 10 A.M., the second session at 2 P.M.

In the absence of President and First Vice President, Miss Wilkinson, of Hartford, the Second Vice President, occupied the chair. The address of welcome was by Dr. Skiff, of New Haven. There was also an address by the Rev. D. W. Perry, of New Haven.

At the business session the minutes of the last meeting were read and accepted, and there was a discussion in regard to the continuance of quarterly meetings. The subject was freely discussed, and it was decided by vote to continue the quarterly meetings.

There was also a discussion in regard to adopting a badge to be worn by registered nurses. A motion was made and carried to leave this matter with the State Board of Registration.

The Association voted that hereafter the Executive Board prepare the programme for all meetings of the Association, and that all expenses incurred by these meetings be paid from the Association's treasury. The revision of the by-laws was read and discussed. It was voted to send a copy of such revision to each member one month before the annual meeting. Miss Albaugh, Superintendent of the Grace Hospital Training-School, gave the Association a most cordial invitation to visit the Hospital.

Luncheon was served at the Nurses' Home after the morning session.

Afternoon Session.—Solo by Miss Grace Walker. Address by Miss Julia Deane Moffatt, Field Secretary of the Home Missionary Society. The meeting was adjourned to meet at the New Haven Hospital, May 2, 1906.

LOUISIANA.—The second annual meeting of the Louisiana State Nurses' Association was held on February 22. There were a large number present. The meeting was called to order at 2.30 P.M. by the President, Miss C. Fromherz. Thirteen new members were elected.

The election of officers for the ensuing year resulted as follows: President, Miss C. Fromherz, Graduate Touro Infirmary; vice-president, Miss Williamson, Graduate Charity Hospital; first vice-president, Miss S. Lawrence, Graduate Touro Infirmary; secretary, Miss O. Norman, Graduate Charity Hospital; Treasurer, Miss K. Dent, Graduate New Orleans Sanitarium; director, Miss Wall, Graduate Touro Infirmary.

After the regular business was completed the secretary read a letter of greeting from the ex-secretary, Miss L. May Bushey, which was thoroughly appreciated by all. Some interesting papers were read, after which the members adjourned to reassemble at a very informal reception which was immensely enjoyed by all present. We have had many interesting lectures during the season and the interest manifested by all is very encouraging.

CONNECTICUT.—At a meeting of visiting nurses held at Grace Hospital, New Haven, Connecticut, February 7, Miss Mary Grace Hills was temporary chairman, delegates were present from Derby, Ansonia, New Britain and Hartford, also New Haven.

It was unanimously voted to form a State Association of Visiting Nurses in order to bring the women engaged in this branch of the work into closer relationship with one another. Miss Martha J. Wilkinson, of Hartford, was elected president, and Miss Mary Grace Hills, of New Haven, secretary and treasurer.

After a short discussion of the methods of work in the different visiting nurses' associations, it was voted that the annual dues be one dollar. An invitation was accepted from Miss Hill of New Britain to meet in that city the last of March.

The Secretary was instructed to write to the visiting nurses of the state who were not present, asking them to meet and coöperate with us in New Britain. The meeting was adjourned to meet at the call of the president.

MARY GRACE HILLS, Secretary.

ILLINOIS.—The regular quarterly meeting of the Illinois State Association of Graduate Nurses was held in the Masonic Temple on February 9. Mrs. S. E. Blackwelder, of the Chicago Woman's Club, gave an interesting address on "Vacation Schools." Professor Henderson, of the Chicago University, will address the association May 9.

DENVER.—The Colorado State Board of Nurse Examiners held two meetings at the State Capitol on February 27 and 28, and March 15, at which a number of nurses were registered under the waiver which expires April 1, 1906.

REGULAR MEETINGS.

NEW YORK.—The association of graduate nurses of Manhattan and Bronx, in existence now for nearly four years, holds its regular meetings as heretofore on the afternoon of the second Monday in each month at the League for Political Education, 23 West Forty-fourth Street. The last meeting was well attended and several subjects now before the nursing world were discussed with great interest.

This association was primarily designed and eventually formed somewhat on the basis of an *alumnæ* society, providing a local organization for graduates of schools in cities of other states, whose work lies in New York City. Many of the members hold hospital positions, others are engaged in settlement and sociological work; a large number prefer and are doing private nursing. This society is in full membership with the New York Nurses' State and County Associations, all of whose regular meetings its members are at liberty to attend. All nurses who believe in attaining to a high educational and professional standard, who are interested in the many forward movements of the day, are always gladly welcomed to membership.

ANNIE STUART BUSSELL, Secretary,
100 West Seventy-seventh Street.

DAYTON, O.—The regular monthly meeting of "The Graduate Nurses' Association of Dayton and Vicinity" was held January 31, in the parlors of the beautiful new Memorial Home at the Miami Valley Hospital. The meeting was called to order by the president, Miss Ella Phillips Crandall, who is also president of the Ohio State Association. After the transaction of business a profitable hour was devoted to the program, the subject of the day being "Science." An interesting paper by Miss Shroyer on "America's Position in the Scientific World" was read and discussed. The usual discussion of current events followed and later refreshments were served.

The association was organized in June, 1904, and has proved beneficial, socially, professionally and intellectually. There is inspiration in thus meeting others with mutual interests. The membership includes a number of the nurses in the hospital at The National Military Home and is steadily increasing.

CEDAR RAPIDS, Ia.—The annual meeting of the Cedar Rapids and Marion Graduate Nurses' Association was held February 26, 1906, at St. Luke's Hospital, the first vice-president in the chair. The officers for the coming year were elected as follows: Miss Grace Baker, president; Miss Margaret Smyth, first vice-president; Miss Charlotte Rhodes, second vice-president; Miss Bertha Hartig, secretary; Mrs. Mary Greer, treasurer.

NEW BEDFORD, MASS.—The *alumnæ* association of St. Luke's Hospital Training-School for Nurses has met five times since the annual meeting in June. In October Miss Noyes read a very interesting paper on Foreign Hospitals, a result of her observations while abroad.

Mrs. Lowry brought the subject of uniforms before the association. A fine quality of Canton cloth was chosen for the white uniform, while a light blue chambray, to be made like the white uniform, was selected for occasional wear.

The *alumnæ* have revised the schedule of nurses' prices, including those for contagious cases, laundry, etc., and have sent a copy of the new schedule to the practicing physicians of the city. This circular also states that nurses for charitable work will be supplied by the hospital registry at the request of any physician.

Arrangements have been made for question-box meetings, each member to contribute a question, criticism, or suggestion for discussion.

The subject of tuberculosis, now receiving so much attention in the professional world, will be taken up by the association; papers will be read and discussed, with a view to rendering each member a more effective, up-to-date assistant in stamping out this disease.

The meetings are well attended. The social element is cultivated, and the general interest is most gratifying.

PLAINFIELD, N. J.—The graduate nurses of the Muhlenberg Hospital Training-School met at the Nurses' Home on March 1, for the purpose of organizing an *Alumnæ* Association. After a thorough discussion of the objects of the association, the following officers were elected: President, Miss Margaret Cramer; first vice president, Miss H. Wildey; second vice president, Miss Grace Palmer; secretary, Miss Olive Z. De Lany; treasurer, Miss May Van Campen.

Mrs. D'Arey Stephens, president of the New Jersey State Nurses' Association, addressed the nurses, giving them some interesting and valuable information on the state organization. It was decided to hold meetings on the third Tuesday of each month.

KING'S COUNTY.—The King's County Graduate Registered Nurses' Association held its annual meeting on February 15 and was largely attended. Officers were elected as follows: President, Miss Martha O'Neill; first vice-president, Miss K. Fanning; second vice-president, Miss Tweedale; third vice-president, Mrs. Abbott; recording secretary, Miss McCarthy; corresponding secretary, Miss A. B. McDonald; treasurer, Miss Isabel Burrows.

St. Mary's and the Brooklyn Hospital *Alumnæ* were admitted to membership. The semi-annual meeting in October will be devoted to papers and discussions on professional questions. The Kings County has been admitted to full membership in the New York State Association.

HARTFORD.—The regular quarterly meeting of the Hartford Hospital Training-School Alumnae Association was held at No. 37 Jefferson Street, March 6, at 3 P.M. The vice president presided, and Miss Alice M. Smith was elected secretary pro tem. A report of the membership committee was read.

It was decided by vote to hold the annual meeting June 19 instead of June 5, the latter being the date when the Associate Alumnae meeting will be in session in Detroit.

NEW YORK.—At the March meeting of the Lebanon Alumnae the following officers were elected for the coming year: President, Mary Lurie; vice president, Minnie Morley; second vice president, Harriette Rosenbluth; recording secretary, Mary Burns (reëlected), 733 Forest Avenue, New York City); corresponding secretary, Margaret Clancy (reëlected), 1053 Tinton Avenue, Bronx; treasurer, Ida Michaelson, 31 Canal Street, New York City.

Margaret Clancy was elected delegate and Mary Lurie alternate, to the New York State meeting at Albany and the Associated Alumnae Convention at Detroit. It was proposed and unanimously carried that the organization join with the other associations of New York City in entertaining the American Society of Superintendents of Training-Schools, in April.

The association has appointed a committee to provide ways and means for caring for the members when ill. A social entertainment is also being considered.

NEW YORK.—The Alumnae Association of St. Luke's Training-School held its regular monthly meeting in the Training-School on the evening of February 15. Miss Brown, '93, and Miss Palmquist, '05, were proposed for membership.

Several changes in the amendments and by-laws were voted upon prior to having the constitution and by-laws printed in pamphlet form.

After the business was transacted, refreshments were served.

BOSTON.—The annual dinner of the Massachusetts General Hospital Alumnae Association was held at the Hotel Thorndike Tuesday, March 6, preceded by a half-hour reception. The table decorations of red carnations were presented by an absent member. Mrs. M. A. Johansson, of the first class to graduate from the Massachusetts General Hospital in 1875, reminisced in an interesting way on the early days of the training-school. This was followed by speeches from other members, after which the association presented Miss Johansson with a bouquet of roses. At the close of the dinner all joined hands and sang "Auld Lang Syne."

BOULDER.—The Boulder County Nurses' Association held its meeting on March 6, at the Colorado Sanitarium. Two articles were read and discussed, which brought out the importance of fresh air and sunlight to the recovery of the sick. Mr. Herboltzheimer, who, with his wife, is soon to locate in Japan, gave some ideas of their future work. This association is steadily growing in numbers and interest.

DENVER.—The 'Trained Nurses' Association held its annual meeting at the Y. W. C. A. building on March 5. The election resulted as follows: President, Miss G. A. Wallace; vice-president, Miss L. M. Fowler; secretary, Miss H. L. Corey; assistant secretary, Miss E. M. Allen; treasurer, Miss S. E. Quackenbush. Rev. Robert F. Coyle, D.D., gave a very interesting address on the Influence of Mind over Matter.

BALTIMORE.—The Nurses' Alumnae Association of the University of Maryland held its first quarterly meeting for 1906 at the University Hospital on Monday, March 5, 4 P.M.

The attendance was gratifyingly large and the meeting one of importance, there being many matters of general interest to be considered. A delegate was elected to attend the convention of the Associated Alumnae to be held in Detroit in June.

BROOKLYN.—The regular monthly meeting of the Methodist Episcopal Hospital of Brooklyn Alumnae Association was held March 14 at the hospital. A large attendance of graduates answered to the roll.

The proceeds of the musical which was held at Dr. Jones' house for the benefit of our endowment fund amounted to two hundred and forty-one dollars. The wives of the attending doctors and ex-interns acted as patronesses for the evening. Next month a cake and candy sale will be held for the same benefit.

The work on the hospital is rapidly approaching being completed, and it is the earnest wish of the nurses to have the required amount to endow a room by that time.

Dr. Florence Leigh-Jones described the meeting to defeat the Cooper Bill for registration, after which a discussion was held by the nurses upon the subject, each member sincerely trusting the bill would not be passed, all being satisfied with the present New York State registration.

The resolutions which were sent to the late Dr. George R. Fowler's family were read.

Two delegates were appointed to attend the National Alumnae Association to be held in Detroit in June.

April 11 is the annual meeting of the Alumnae, when the election of officers for the ensuing year will be held.

BROOKLYN.—Tuesday afternoon, March 13, Dr. A. T. Bristow, of Brooklyn, N. Y., gave an address on registration, at 128 Pacific Street, to the Long Island College Hospital Alumnae Association, and graduate nurses from other schools who are interested in the subject.

Dr. Bristow is very much interested in the state welfare of nurses and urges registration for all nurses who can meet the requirements. He made a special point of the law becoming compulsory with us, as it is with physicians. In this enforced registration only, could the present bill accomplish all that it hoped to. He also spoke of the short-lived, much-talked-of Hicks bill and other bills and amendments of the same nature, which would probably come up to be fought for and against. "The present bill as it stands is merely a start in the right direction."

In closing Dr. Bristow congratulated the Long Island College Hospital Alumnae Association on its prosperous condition, the success of its Registry for Nurses and its alumnae home.

This address followed the regular monthly meeting of the association, at which dates for state and national annual meetings were announced and talked over. Four new names were voted in for membership.

PERSONAL

THE Spokane graduate nurses gave a ball at the Masonic Temple on February 14, which was attended by two hundred couples. The proceeds are to be used toward state registration. The reception committee were Misses Galbeath, Hubbard, Kemp, Honey, Heustis, Skye, Miss Margaret Honey, Mrs. Edminston and Mrs. Bierdeneau.

EVERYBODY will rejoice to learn that Miss Ellen V. Robinson, '01, is again doing hospital work. She is assisting with the office work at Lutheran Hospital, La Crosse, Wis., and when occasion offers does some active nursing.

THE Erie County Alumnae of Buffalo, N. Y., gave a farewell reception and dance to Miss Emma J. Keating on February 26. Miss Keating is now superintendent of nurses at Jackson Sanitarium, Dansville, N. Y.

MISS RACHEL METCALF, superintendent of the Orange Training-School for Nurses, attached to the Orange Memorial Hospital, who succeeded Mrs. Fanny E. S. Smith, has tendered her resignation to the board of governors of the training-school.

MISS FRANCES M. QUAIFE has resigned her position as superintendent of the Touro Infirmary, in New Orleans, La., having served the institution in that capacity for ten years. The resignation is due to the fact that the Board of Managers have engaged a male superintendent. Miss Quaife will return to her home in New York City for a much-needed rest.

MISS M. A. SNIVELY is to sail for Southern Europe on March 31 for a three-months' vacation. Miss Snively will visit Italy and Switzerland.

MISS GRACE ELLSWORTH has resigned as superintendent of nurses of the Wesley Hospital, Chicago, to take effect June 1.

MISS L. M. FOWLER, who has recovered from her recent operation, resumed her duties as superintendent of nurses at the City and County Hospital, Denver, Col., on March 12.

UPON the resignation of Miss Bertha C. Rowe as nurse in charge of the Middletown District Nursing Association the Board of Managers passed the following resolutions:

WHEREAS, Miss Bertha C. Rowe, who for the past five years has been head nurse in charge of the work of the District Nurse Association of Middletown, has now resigned from the position, be it

Resolved, That the District Nurse Association accepts with regret Miss Rowe's decision, as they feel that in the five years of her service she has been efficient, capable and untiring, and has done much to establish the work of the association in the hearts of the community.

MISS EVA ALLERTIN, who was much improved in health at one time, is now seriously ill. Miss Allertin has been brought back to Rochester and is occupying her little cottage at the Homœopathic Hospital, in the care of nurses.

MISS ADA GRAHAM, of St. Luke's Hospital, New York City, N. Y., has been appointed superintendent of St. Peter's Hospital, Helena, Montana.

MISS ESTHER WILDMAN, a graduate of the Philadelphia Polyclinic Hospital, has been elected superintendent of the West Philadelphia Hospital for Women.

MISS H. NANNIE MONTGOMERY, Baltimore City Hospital, Class of 1905, has taken charge of the Keystone Hospital at Keystone, W. Va.

MISS A. LOUISE DIETRICH, superintendent of Providence Hospital and Training-School, El Paso, Texas, has tendered her resignation.

MISS EMILY DANA GREENE, directress of nurses of Providence Hospital, El Paso, Texas, has resigned her position.

MISS HELEN MONTAGUE has resigned her position at Providence Hospital, El Paso, Texas.

MISS ALICE PEPPER, graduate of The Lady Stanley Institute, Ottawa, Ont., Class of 1904, left early in January to take charge of the hospital at Frank, Alberta.

HOSPITAL ECONOMICS

I FIND by the questions asked that many have the idea that the Hospital Economics Course is a two-year course only. The special certificate on the completion of the one-year curriculum still stands as it did in the first place. The second-year curriculum (studies as given in the circular) secures the diploma. Some of those working this year for a certificate hope to return at some future time and take the second year, while others were able to plan for the two years from the beginning. This of course made it possible for the better correlation of studies, which will be far more satisfactory in the end.

Another question so often asked is in regard to positions. I think the statistics can best bring out the point desired. During this school year twenty-one inquiries have been received from institutions all the way from Boston to San Francisco. Positions to be filled were those of superintendent, or assistant superintendent of hospital, or training-school, head nurse, housekeeper, and seven desired dieticians. The many calls for nurses to take full charge of foods and dietaries for the entire institution suggest a demand far beyond the supply. The salaries in a number of instances were not given, but those that were given range from forty to one hundred dollars a month.

Money received since the last report for the Hospital Economics Course: Mrs. Everett Wheeler, through Miss Nutting, \$100.00. For the Endowment Fund: Saginaw General Alumnae Association, through Miss Coleman, \$15.00; Toronto General Alumnae Association, through Miss Coleman, \$19.00.

ANNA L. ALLINE.

MARRIAGES

IN Toronto, Ont., on March 7, Miss Alice M. Oliver, graduate of the Lady Stanley Institute, to Dr. Mortimer L. Dixon, of Frankville, Ont.

IN Canandaigua, N. Y., December 20, 1905, Miss Lillian B. Gray, graduate of the Rochester City Hospital, to Mr. Lewis Burton Turst.

IN Kansas City, January 3, 1906, Mrs. Edyth Ellis, graduate Rochester City Hospital, to Dr. J. Wesley Bolton, of Iola, Kansas.

IN Toronto, Ont., on February 21, Miss Lydia Brown, graduate Rochester City Hospital, to Dr. Richard Kimble Wheeler. Dr. and Mrs. Wheeler will live in Port Huron, Mich.

OBITUARY

THE Rochester City Hospital Alumnae Association send the following resolution of sympathy to the sister of Susan B. Anthony:

WHEREAS, the Great Physician has called our beloved friend and distinguished fellow-townswoman, Susan B. Anthony;

Resolved, We extend our deepest sympathy to her beloved sister, Mary S. Anthony.

EMMA A. KNOWLES, Pres.

Mrs. H. L. ST. JOHN, Cor. Sec.

DIED, at Rockfort, Ill., January 5, 1906, Flora R. Walch, wife of Albert D. Early, leaving an infant daughter five days old. She was a graduate of the Massachusetts General Hospital, class of 1899. The Alumnae Association passed resolutions of sympathy at its last meeting.

THE Graduate Nurses' Association of Savannah have passed resolutions of deep regret and sympathy upon the death of Mrs. Alston Waring, of that city.

Mrs. Waring was Miss Lillie Ellis, class of 1892, The New York Hospital Training-School. Although not actively engaged in nursing for a number of years, her interest in the work and in the profession was keen to the last.

The association has lost one of its most earnest workers and members.

THE Salem Alumnae at a meeting held March 13, passed resolutions upon the death of Miss Annie Murry.

EDITOR'S MISCELLANY.

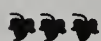


TRAINING-SCHOOL NOTES.—The eleventh annual graduating exercises of the Minneapolis City Hospital Training-School for Nurses were held February 27 in Gethsemane Guild Hall. An interesting talk was given by Dr. C. G. Weston, a member of the Board of Charities and Corrections and as such on the Hospital Committee, giving a history of the organization of the school in 1893 and following it in its branches of development to the present day. Rev. Irving P. Johnson took up the spiritual side of the work and spoke highly of the chosen profession of the young women. Hon. David P. Jones, Mayor of Minneapolis, spoke of the nurse as a professional woman and recommended state registration. Several pleasing musical numbers were given, after which the diplomas were presented by Mayor Jones and the class pins by Miss Bertha Erdmann, Superintendent of Nurses.

When the exercises had been concluded a reception was tendered the graduates and guests by the alumnae of the Training-School. Those who graduated were Misses Mathilda Carlson, Josephine Armstrong, Nellie McKellep, Helen Wilmes, Alma Hedemark, and Jennie Carlson. This is the first class graduating from a three-years' course.

POST EXCHANGE AND AMUSEMENT HALL FOR CONVALESCENTS.—It is planned to furnish a post exchange and amusement hall for the use of patients of the general hospital at the Presidio of San Francisco. It has been found most desirable that, in addition to the 150 hospital corps men stationed there, the numerous convalescent patients have a place of recreation and amusement without being compelled to leave the hospital reservation, it being manifestly incompatible with hospital discipline to permit convalescents to absent themselves from the hospital reservation in search of amusement whenever they so desire; also it is not desirable to have the hospital corps men habitually absent from the reservation. It is believed that this plan will constitute an important factor in the treatment of patients, as well as aid very materially in their recovery.—*American Medicine*.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MARCH 13, 1906.

BAUER, Mrs. CHRISTIANA M., now on duty at the General Hospital, Presidio of San Francisco, California, under orders to sail to the Philippines Division on or about March 25.

BRENT, HARRIET E., graduate of the Presbyterian Hospital, Philadelphia, class of 1903, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

FISHTORN, HARRIET, formerly on duty at the Division Hospital, Manila, P. I., discharged.

HALLY, MARY C., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HOWARD, CARRIE L., relieved from duty at the Division Hospital, Manila, P. I., and sailed on the transport Sheridan March 4, *en route* to the United States for assignment to duty.

JAMES, AGNES F., arrived in the Philippines Division in December; assigned to duty at Base Hospital, Iloilo.

MOORE, NELLE, transferred from the Military Hospital, Zamboanga, to the Post Hospital, Camp Keithley, Mindanao, P. I.

NAGLE, MARY E., arrived in the Philippines Division in December; assigned to duty at the Division Hospital, Manila.

PIERCE, MARGARET, transferred from the Base Hospital, Iloilo, to the Post Hospital, Camp Keithley, P. I.

RIORDAN, MARIE A., relieved from duty at the Division Hospital, Manila, P. I., and sailed on the Sheridan March 4, *en route* to the United States for assignment to duty.

SALTER, Mrs. MARGUERITE, now on duty at the General Hospital, Presidio of San Francisco, California, under orders to sail to the Philippines Division on or about March 25.

WILLIAMS, ETHEL EDNA, graduate of the Los Angeles County Hospital Training-School, class of 1901, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

OFFICIAL DIRECTORY

THE AMERICAN JOURNAL OF NURSING COMPANY.

President, MISS ISABEL McISAAC, Benton Harbor, Mich.

Secretary, MISS JANE A. DELANO, Bellevue Hospital, New York.

THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS.

President, MISS ANNIE W. GOODRICH, New York Hospital, New York.

Secretary, MISS M. A. NUTTING, Johns Hopkins Hospital, Baltimore, Md.

Annual meeting to be held in New York in May, 1906.

THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES.

President, MISS ANNIE DAMER, Bellevue Hospital Out-Patient Department, New York.

Secretary, MISS NELLIE M. CASEY, 814 South Tenth Street, Philadelphia, Pa.

Annual meeting, 1906, Detroit, Mich.

ARMY NURSE CORPS, U. S. A.

MRS. DITA H. KINNEY, Surgeon-General's Office, Washington, D. C.

ISTHMIAN CANAL NURSING SERVICE.

MISS M. EUGÉNIE HIBBERD, Ancon Hospital, Ancon, Panama.

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CONNECTICUT STATE NURSES' ASSOCIATION.

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IOWA STATE NURSES' ASSOCIATION.

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Secretary, MRS. MADGE B. CARTER, Des Moines, Iowa.

ILLINOIS STATE NURSES' ASSOCIATION.

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Secretary, MISS O. NORMAN, New Orleans, La.

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NEW YORK STATE NURSES' ASSOCIATION.

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NORTH CAROLINA STATE NURSES' ASSOCIATION.

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Secretary,

OHIO STATE NURSES' ASSOCIATION.

President, MISS CRANDALL, Dayton, Ohio.

Secretary, MRS. ELIZABETH MASON HARTSOCK, Springfield, Ohio.

PENNSYLVANIA STATE NURSES' ASSOCIATION.

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Secretary,

VIRGINIA STATE NURSES' ASSOCIATION.

President, MISS MARY WHITEHEAD, Richmond, Va.

Corresponding Secretary, MISS ADELAIDE FLETCHER, Charlottesville, Va.

WASHINGTON STATE NURSES' ASSOCIATION.

President, MISS S. LAURA GOODMAN, The Touraine, Spokane, Wash.

Secretary, MRS. SCHOFIELD, Spokane, Wash.

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EDITORIAL COMMENT



A NEGLECTED FIELD OF NURSING: THE COUNTY ALMSHOUSE

THE above title was the subject of a paper read by Mrs. Caroline Bartlett Crane, Chairman of the Charity Organization Department of the Women's Civic Improvement League of Kalamazoo, at the annual meeting of the Michigan State Nurses' Association in Ann Arbor.

A graphic picture was presented of the existing condition of the inmates of the County almshouses—a condition no worse in Michigan than in most of the other states, where they are under local management. Massachusetts and New York were cited as exceptions in the progress that had been made in bringing the County almshouses near the standard of the older and larger state institutions for the care of the indigent aged and infirm.

The thought advanced was that the County almshouses should be put on the infirmary basis, and that the inmates should be recognized as legitimate subjects for state care, as are the blind, deaf-mutes, insane, epileptics, etc.

The immediate need of hospital accommodations and of trained nurses for the sick poor in the almshouses, was emphasized.

A strong plea was made to the nurses of the Michigan State Association to coöperate with the Michigan State Federation of Women's Clubs, in their efforts of reform in the almshouses.

The plan in brief was that the work be inaugurated by volunteer effort and private subscription; and that two or three women's clubs in the state be induced to raise the necessary funds for the employ-

ment of a nurse in the almshouses in their respective localities as an experiment, to prove that the reform is needed. The coöperation of the Nurses' State Association would be in appointing the nurses and supervising their work.

The discussion that followed the paper resulted in the appointment of a committee to confer with the Michigan State Federation of Women's Clubs relative to inaugurating the movement.

This is the first time that such an affiliation with a nurse's association has been recommended. There are in the recommendation suggestions of possibilities of great service to the sick poor, and of advantage to the nurses, who by cultivating that neglected field "would experience a call upon their utmost resources of ability, training and character "

There is, furthermore, presented in the suggestion an opportunity for different hospitals of the state to affiliate with the almshouses and furnish them with pupil nurses to do their nursing under a trained graduate supervisor.

Many valuable lessons in the education of the pupil nurse would be acquired through such an arrangement. Humane and scientific care of the homeless, friendless sick, most of whom are aged and infirm, would add to a nurse's education experience, which makes for success in private nursing or in any other line of her professional work.

Where else could she better learn the lessons of reverence for old age and patience with its vagaries and caprices; consideration for sensitive feelings; tolerance and pity for ignorance and misfortune, and the sympathy which prompts the ameliorating of the sad conditions of human life as much as lies in one's power?

We have faith to believe that the neglected field will become a cultivated field; and we heartily endorse the action of the Michigan State Nurses' Association in the initiative they have taken to aid in bringing about the reform.

THE NEW YORK SYMPOSIUM ON NURSING

WE publish in this issue a letter from a New York nurse who attended the symposium on nursing held at the Academy of Medicine in New York on the evening of March 29.

The nurses who responded to the public invitation to attend this symposium found themselves in a somewhat unique situation.

A company of medical gentlemen occupied the evening in reading papers and making addresses, criticising,—we might almost say

abusing,—training-schools and nurses, nurses' organizations and the Nurse Board of Examiners, in a wholesale sarcastic manner, but not offering to the nurses in the audience an opportunity to say a word in their own defense.

The trend of opinion among these gentlemen seems to have been that nurses are getting to be too independent of the medical profession; that schools for nurses are overtraining their pupils, and that the nursing organizations are in the nature of trusts.

As is often the case, many of the statements made showed lack of knowledge of the true situation; ignorance of the motives upon which nursing organizations have been formed, a misunderstanding of the lines upon which the Nurse Examiners are working, and a total lack of appreciation of what the teaching body are hoping to attain through higher education.

One of the first lessons instilled into the nurse is that of loyalty to the physician; perhaps it has been a mistake that because of this loyalty nurses have not published broadly the motives for some of the steps which have been taken by them in their efforts for higher education.

For instance, the establishment of the course at Teachers College by the American Society of Superintendents of Training-Schools, which is maintained by personal contributions from the great nursing body of the country, and which has for its object the training of nurse teachers to teach nursing to nurses, is in itself a criticism, or to put it more strongly, a condemnation of the results of the teaching of nurses by physicians during the past thirty years, these results being quite as unsatisfactory to the nurses themselves as they seem to have been to the medical gentlemen who took part in the symposium.

No one more than nurses themselves appreciates the unsatisfactory chaotic conditions existing in the nursing field to-day, the result largely of medical dominance and medical teaching of nurses.

The whole broad aim of the nursing movement is to better these conditions, in coöperation with the great medical body so far as may be, in independence of that body if must be, the ultimate aim being a better educated class of women, a more useful and practical type of nurse, with better nursing service *in the homes of all the people*, and a more intelligent service to the physician, but with this difference, the nurse of the future will work with the physician as his assistant and intelligent co-worker and not as his—servant. It is the social uplift coming through organization and state registration that we think these gentlemen object to.

At the present time matters are in a transition state; the nurses must be given time to do for themselves what the medical body has done for itself (once doctors were barbers). This unsatisfactory state will never be corrected until the responsibility for all the faults of character and education are thrown back upon the members of the great nursing body as a whole. The doctors have dominated training-schools for thirty years and the result is bad. The nurses should at least have a "try" at the management of their own affairs. They can't very well produce worse results and there is the chance that with so much at stake they may do a little better.

Dr. Gilman Thompson, who seemed to have the greatest number of grievances, is an old-time complainer, so we are told, in nursing affairs. Dr. Ludlam, superintendent of the New York Hospital, at one time was the head of the training-school but it was deemed wise by the management to relieve him of that responsibility. Dr. Gerster, of the staff of Mt. Sinai, was the least critical, and although of the opinion that nurses should be taught very little, still he was honest enough to say that the medical profession was largely responsible for the present tendency to overtrain. Dr. Abbe thought he could teach a nurse in a week all that she needed to know. He has the ten-weeks schools to draw from.

CRITICISMS OF THE BOARD OF NURSE EXAMINERS

Dr. Thompson afforded himself great pleasure and satisfaction in criticising the questions prepared by the New York Board of Nurse Examiners for the first full examination, held on the last day of January, and was specially incensed that the examiners should have presented what he considers to be medical questions.

He entirely lost sight of the fact that one half of this examination was practical; that each student presenting herself for examination appeared before one of the examiners and was required to demonstrate her ability to perform such practical details as the making and changing of a bed, giving a bath, making a poultice, preparing the syringe and solution for a hypodermic injection; preparing the hands for and applying a surgical dressing, etc. And he also did not know that the examiners found themselves very much embarrassed when the time came to prepare for the first full examination by the fact that there was no means of judging of what the nurses of the state had been taught during the past three years.

As a guide the secretary of the board was instructed to write to all the registered schools in the state, eighty-five or more, for copies

of their last year's written examination questions. A most cordial response was received from all but a few, with a wonderful conglomeration of questions, taken as a whole. This budget was passed along from one examiner to another and with the exception of bacteriology each one selected ten of the very simplest of the questions found therein upon her subjects, many of the questions having to be greatly modified in order to be used in making up a paper of minimum requirements.

If these questions are medical questions, they were of the doctors' own propounding in the different schools.

Criticisms have also reached the board that the superintendents of some of the large hospitals in New York City are saying that the questions were too hard; that the superintendents themselves could not answer them, much less the pupils.

It is to the credit of the instruction given in the small two-year-course schools of the State that five out of the seven two-year graduates who came up for this examination passed at a percentage of 75 or more.

We think perhaps a short cut to improve the training-schools would be to require the superintendents to pass the Regents' examinations; and if there are women holding hospital positions who cannot give the table of weights and measures, and who would give the cavities of the body and their contents as being "The eyes, the ears, the nose, the mouth," and the definition of bacteria as "a growing of germs," the quicker such women are thrown out of their positions the better for the progress of nursing.

We think possibly the time has come for the nurses to hold a public symposium on doctors and tell of the things that doctors do that are not to the advantage of the hospitals with which they are connected or the patients for whom they care.

It might be well to show up the type of man who collects fees from the public ward patients during his term of service; of the man who lets his patient die on the table while he spends two hours in finding a perfectly normal appendix; or the one who lets a patient die "as the result of shock" with a ligature tied securely around a ureter; of the sponges found in the abdomen after the patient has died of peritonitis; of house officers too drunk to write their orders at night; of lecturers to the nurses in training who only come on rainy days when the weather is not propitious for golf or bird-hunting; of solutions ordered in ounces instead of drams which would have been given and caused a death but for the intelligence of the "over-trained nurse,"

etc. An endless chain of incidents could be presented that would be intensely interesting to the public and possibly to the medical profession, as showing the extent and character of the nurse's loyalty.

Such a symposium as the one held in New York is of great value to the nursing profession as showing the lines along which reforms must be most vigorously directed, and also because such attacks bind nurses more closely together and teach them how to defend themselves.

Fortunately these gentlemen do not represent the entire medical profession; they are men with a grievance who have been obliged to "hire a hall" in order to make themselves heard.

But, seriously, the opposition to higher education for nurses is but a part of the old worn-out opposition to higher education for women as a whole. We have only to demonstrate that it makes better nurses, and go steadily on.

PROGRESS OF STATE REGISTRATION

MICHIGAN

It was our very great privilege to be a guest at the meeting of the Michigan State Nurses' Association held in Ann Arbor on April 4, 5 and 6, when the bill for state registration which passed the Senate last year, but was defeated in the House, was again brought forward for discussion. This bill as originally drawn contained all of the essential points and was an exceedingly good bill. There will be some unimportant changes made in it before it is presented next year.

The reason for its defeat last year was the old political excuse that the state would not establish any more commissions, but the nurses felt that the fact that the bill was introduced so late in the session had much to do with its defeat. A well-organized campaign is to be commenced early and the bill will be presented as soon as the legislature opens in 1907.

There are an exceedingly able group of leaders in Michigan and we have never attended a more splendidly arranged meeting. The president, Miss Sly, and the chairman of the committee of arrangements and Miss Haarer are to be especially commended for the excellence of their work. A brief report is found on another page. The association will publish a full report of its proceedings, with the papers read and the discussions. We only regret that we are unable to increase the JOURNAL pages sufficiently to give the full proceedings of all

such meetings. If each subscriber would send one new subscription we should be able to do this another year.

MASSACHUSETTS

The Massachusetts bill has again been withdrawn.

NEW YORK

The attacks upon the New York bill of which mention was made in our last number have all been defeated and the law is safe for another year.

At the March meeting of the Nurse Board of Examiners of New York state the following resolution was passed:

Resolved, That we, the State Board of Nurse Examiners, continue to recommend to the regents applicants for registration under the first clause of the waiver until such time as shall be determined by the Board. This clause reads as follows: "208. Waiver of Examinations.—The Regents of the University of the State of New York may upon the recommendation of said board of examiners waive the examination of any persons possessing the qualifications mentioned in section 206, who shall have been graduated before or who is in training at the time of the passage of this act and shall hereafter be graduated."

By this resolution, graduates of registered schools complying with the conditions of this part of the waiver may continue to be registered without examination, but the other conditions of the waiver which are mandatory in the bill, expired on April 27, 1906. The last practical examination, which was an extra one, was held on April 26. Hereafter, only those nurses who are graduates of regular schools, graduated or in training, before April 27, 1903, can receive a certificate of registration in New York state without examination, and only those nurses who entered their training in registered schools since April 27, 1903, can come up for the full examination.

The next full examination will be held on June 19 to 22 in New York, Albany, Syracuse and Buffalo. The earlier these examinations are taken after graduation the easier they will be for the applicants, as they will not have lost their study habit. Such applicants should send to the Education Department and ask for a copy of Handbook 13, Higher Education, in which will be found directions for the examinations.

MINNESOTA

The second meeting of the Minnesota State Nurses Association was held in Minneapolis April 10, 1906. There were over a hundred

members present, and the meeting was full of interest. The secretary's report showed a membership of 264, and more applicants awaiting admission.

During the winter a blank containing questions as to hospitals, capacity and requirements of training, etc., had been sent to about twenty hospitals in this state. The chairman of the credentials committee reported returns from about fourteen hospitals, nearly all of which give a three years' training and require not less than two years high-school work.

Business was followed by three short and interesting papers: "Trained Nurses as Hospital Superintendents," by Miss Ida Patterson, superintendent of St. Luke's Hospital, St. Paul; "The Private Nurse," Miss Mary Wood; and "Hourly Nursing," by Miss Ida Cannon. The latter paper brought forth some good discussion as to the success or non-success of this sort of nursing in St. Paul and Minneapolis. While Minneapolis nurses realize that there is a great deal of work before them, there is no lack of determination and enthusiasm in securing a good state organization.

OHIO

The committee on state registration for nurses in Ohio reports failure in its attempt to get the bill through this session. The bill drafted was a strong one, having been outlined by Isabel Hampton Robb. It was interesting to note, at its reading before the House committee, the tremendous opposition it met from the small private hospitals and sanatoria. The nurses feel that the experience gained has been valuable, and anticipate success in their next attempt.

THE QUESTION OF CLOTHES

NURSES who are much thrown with people of wealth are often tempted by the pretty things they see, and fall into the error of purchasing, for themselves, garments which are beyond their means and unsuited to their calling. That woman is well dressed who is suitably dressed, and it is not fitting that a self-supporting woman should provide herself with silk under-clothing, fancy stockings, elaborate hats, and costly furs. We have all felt a sense of amusement in seeing a servant dressed in gaudy attire for her "day out," and we have all felt a pride in the occasional sensible maid, who wears quiet, well-fitting, unostentatious garments. The same principle applies to us. A nurse who goes to a case in a velvet dress, with her hat covered

with feathers, may find hardly a hook to call her own, and will not be able to take proper care of her fine things. Unfortunately, nurses who are extravagant in their dress are not criticized to their faces, so they travel on in self-complacency, unaware that such folly is to their disadvantage. Most of us resent criticism, especially any suggestions as to how we shall spend the money we have honestly earned. But, laying aside the question of provision for the future, the nurse who goes upon a case in foolish attire creates an unfavorable impression which it may take some days of patient, faithful work to counteract.

On the other hand, a nurse should not be careless of her appearance, untidy, or shabby. A patient is sometimes ashamed to take her nurse to walk or to drive because, though she looks well in her uniform, her street clothing is unsuitable.

The woman who is in a hospital position or who is doing private nursing of ordinary character needs very little clothing besides her uniforms and should be able to dress comfortably on one hundred dollars a year. A good hat can be bought for six dollars, or, if one costs twelve, it can be remodelled for a second year. A suit, which costs from thirty to forty dollars, will last two seasons nicely. Good looking, comfortable shoes, which wear well, can be had for from three and a-half dollars to five, and flannels, of part wool, for two dollars a set. The nurse who is apt with her needle and can make her own underclothing is fortunate, for ready-made undergarments, though apparently cheaper, are rarely of the best material and give out soon. Shirt-waists for ordinary use cost from one and a-half to two and a-half dollars, and a nicer one, for dress-up occasions, can be found for five or six.

The nurse who is travelling with a patient, spending much time at hotels, will have to go above the hundred-dollar mark for her yearly wardrobe, for she will need one or two evening dresses and a larger supply of waists and skirts.

A general rule, which is safe to follow in any purchase of wearing apparel, is to put one's money into good material rather than into elaborate trimming, and never to follow an extreme fashion, which may subside as quickly as it has arisen.

There is much to be saved by buying a little out of season and nurses living in the large centres can take advantage of the January mark-downs of all ready-made woolen garments and furs. Silk waists and white shirt-waists and skirts can often be gotten for half price in August. In fact, for those who have the cash in hand January and August are the shopping months. "A penny saved is a penny earned."

THE RED CROSS

THE rules for the enrollment of volunteer and paid nurses in the New York branch of the American National Red Cross are as follows:

1. All nurses enrolled in the State of New York for Red Cross service shall be required to show a certificate of registration with the Regents of the University of the State of New York.
2. All applications must have three signatures, vouching for their moral character, professional standing and suitability to this special work—two from nurses of good standing, and the third from the president of the sub-division.
3. No nurse shall be enrolled for active service under twenty-five years of age.
4. All applicants must give a physician's certificate of sound health and unimpaired faculties, which certificate must be renewed every two years.
5. All applicants must appear before a member of the Nurses' Committee for examination, and must present to the committee with their other papers, the endorsement of their applications by that member of the committee.
6. All applicants before receiving a certificate as a Red Cross nurse must take the oath of neutrality, or make the affirmation of neutrality.

The work of developing the Red Cross organization has been somewhat impeded by the demands for assistance for the famine sufferers in Japan. New York State has contributed more than \$12,000 and is still hard at work and the other states are doing their part. Such terrible conditions as this famine in Japan and the most unexpected calamity which has fallen upon Italy because of the terrible eruption of Vesuvius should make all the countries strengthen their Red Cross organizations and be prepared not only to meet calamities at home but to give aid to other countries.

Nurses who do not feel that they can enroll for service should become members of their state branch of the Red Cross, through the local associations, and by their annual contribution of \$1.00 and as voting members of the society do their part in maintaining the Red Cross work of the United States. We urge upon all nurses enrollment in the Red Cross society, as working members if possible, as contributing members without fail. This is one of the obligations of citizenship or residence in this prosperous country.

HARDLY had these sentences been written when came the appallingly awful national calamity of the destruction of San Francisco by earthquake and fire. We are comforted by the knowledge that

there are good nurses in large numbers East of the Rocky Mountains and that with the homeless multitude are a great company of splendid nurses who are giving of their very best in service to the sick and injured, if they have been among the fortunate to escape with their lives. With the people of the nation we wait for news of dear friends and pupils whose homes we know are destroyed. The headquarters of the *Pacific Journal of Nursing* has gone, but the fate of its editor is unknown as we go to press.

The Red Cross Society even in its imperfect organization has been a power and a blessing.

Will the nurses of this country learn a lesson from this greatest national calamity?

THE CRUSADE AGAINST VENEREAL DISEASES.

Charities and the Commons is to be commended and encouraged for taking up, with courage and earnestness, the long-needed crusade against venereal disease and social vice. The recently-formed Society of Sanitary and Moral Prophylaxis has deep reason to feel grateful for the support tendered by *Charities and the Commons* to this reform movement, for it is the first ally that the society has found so far outside of medical journals, which are not read by the general public.

Strange as it may seem, the movement to educate the general public on this, the most important and most urgent sanitary problem of the civilized world at present, arouses the virtuous indignation and the moral disapprobation of many of that widespread class of excellent people who think that vileness is not vile if covered up, and that danger does not exist if it is not seen. We do not doubt that *Charities and the Commons* is getting many protests against making known the hideous facts of venereal disease. Every nurse knows what they are, and every nurse must rejoice that at last there is a journal which reaches the general public which is fearless and devoted enough to take up this most ungracious and most repellent subject in a way that will educate and save future generations from the horrors of the past. We do not hesitate to say, again, that this is the most urgent sanitary problem of the civilized world. The plague and the pest are stayed; smallpox is helpless against vaccination; diphtheria has lost its terrors under antitoxin; the crusade of knowledge against tuberculosis is well under way. But this hideous lesion underlies all others, sapping the resistance of tissues and

ruining health in a thousand ways. It strikes us as a most revolting thing that medical science is now experimenting on the animals, who are too decent ever to have these vile diseases themselves, to obtain if possible an anti-virus for syphilis in man. Must we dare to infect the animals to obtain a counter-poison, when we all know that moral living is the only defence that is fundamental? Let us rather imitate the animals in their physiological decency. No anti-toxin will ever protect the world from venereal disease. Open, candid, serious, and thorough education, such as these societies are endeavoring to make general, alone can overcome the Black as it is overcoming the White Plague. And in the name of all the innocent victims that we have nursed in hospital wards, we wish *Charities and the Commons* Godspeed.

THE NEW YORK STATE CURRICULUM FOR TRAINING-SCHOOLS

WE announced in the February JOURNAL that the Course of Study and Syllabus of Training-Schools issued by the New York State Education Department would be published in the March number, and we stated in March that the May issue would be a special private nursing number. We have been unable to keep either of these promises. There have been unavoidable delays in the preparation of the Course of Study which have made it impossible for it to be published until this issue, but we call the attention of our readers to the fact that we give our usual 64 pages of reading matter, and that the space occupied by the Course of Study is extra.

We ask our readers to study carefully the introduction to this Course of Study and we want to emphasize the fact that this first edition is issued for criticism and suggestions. It is the first work of the kind ever prepared and while it represents many months of hard work and careful study on the part of the members of the committee, the board of examiners, and the department at Albany, it is felt by all those who have done this work that it is only by a free expression of opinion from the members of the great teaching body of the country that it can be brought to anything like perfection.

The nurses of New York State and the profession at large are deeply indebted to Dr. Henry L. Taylor, who has represented the education department in the preparation of this Course of Study and Syllabus.

THE SMALL HOSPITAL POSITIONS

IN urging our educational standards to the point of pressing the small institution to alter its methods by affiliating, all our efforts will fail unless two things happen,—first, unless more favored institutions are ready and willing to affiliate; and, second, if the highest type of graduates are not willing to take the small hospital positions. It has long been a complaint of training-school superintendents that they cannot induce nurses to take hospital positions. Many a woman of average ability, if she had the home-making spirit and a love for her patients, would find the position of head nurse or superintendent responsible, happy, and worth while, beyond many other kinds of work. Such a position is always dignified and honorable, but its small pay causes it to be overshadowed by private duty. Yet in many ways the happiness of the two modes of life cannot be compared, and the regularity of a small income with no expenses is often better in the end than large fees with attending large expenses.

THE NATIONAL CONFERENCE OF CHARITIES

THE program of the general sessions of the National Conference of Charities to be held in Philadelphia, May 9 to 16, 1906, promises to be one of unusual interest. Miss Jane Adams, Hon. Homer Folks, Dr. Richard Cabot and Mr. Frank Tucker are among these who are to present papers. The nurses of Philadelphia should avail themselves of this opportunity to hear many subjects discussed that are interesting to nurses because of the close relationship that exists between many of the lines of work to be considered and nursing, and all who can attend from a distance may be sure of an enjoyable and instructive week.

EDITORIAL NOTICE

THE pleasure that all readers of the AMERICAN JOURNAL OF NURSING have experienced in following Miss McIsaac's humorous description of the New Cranford "doings," will be greatly enhanced by being able to reread it as a complete story in book form.

Miss McIsaac is one of the *not* "too busy women" to do things, but along with new and untried conditions finds time to keep up her interest and make sacrifices for the JOURNAL.

Besides the original contribution she has given the Directors

permission to offer the book as a prize to any subscriber who will send in one or more new subscriptions.

The book is on sale at the office of the AMERICAN JOURNAL OF NURSING, 227 South Sixth Street, Philadelphia, and will be sent postpaid upon receipt of 25 cents. Foreign postage, 5 cents extra.

MEMORIAL TO MISS ANTHONY

THE women of Rochester have formed an organization to raise \$75,000 for the erection of a woman's building on the campus of the Rochester University as a memorial to Miss Anthony. It was largely through Miss Anthony's personal efforts that women gained admission to this University, and such a building would seem to be the most fitting memorial that could be erected to her memory, as she was a believer in higher education for women. The Monroe County Registered Nurses Association is represented by Miss Ida R. Palmer and Miss Lona Black.

THE "NEWS-LETTER" DISCONTINUED

OWING to lack of support the *News-Letter* will be discontinued with the April issue, until some way of maintaining it appears.

In an open letter the statement is made that the members have taken absolutely no interest in the magazine, and that there are outstanding bills to the amount of over \$200. We think there is a field for a good religious magazine for nurses, and we would like to see the nurse members of the guild take hold of the *News-Letter* and make it a success. It needs to be edited and managed by the nurses.

CHARITIES' SPECIAL NUMBER

Charities for April 7th is a bulky number and is given up entirely to a discussion of the subject of the Visiting Nurse, and is published under the supervision of Miss L. L. Dock, who is a departmental editor of that magazine. The number contains in condensed form a history of visiting nursing the world over, and the writers are principally nurses well known to our readers. All nurses interested in this subject should send for this number of *Charities*. Price, 10 cents.

THE MEETING AT DETROIT

OUR readers will find the announcement of the annual convention of the Nurses' Associated Alumnae of the United States in the Official Department. The program is exceedingly interesting and all nurses should attend who can afford to get there.

These meetings are a great inspiration and pleasure, and we are sorry for those who never have taken interest enough to judge for themselves what they are like.

GERMANY SECURES REGISTRATION

THE splendid news has just arrived from Germany that the Nurses' Association, under the leadership of that wonderful woman Sister Agnes Karll, have presented a registration bill to the Bundesrath or Council of the Empire, and that, after being twice read, it has been passed!! Thus Germany gets at one sweep a law for the whole country. We will probably be able to give details in the Foreign Department of our next number.

THE ELIGIBLE VOLUNTEER LIST

WE call our readers' attention especially to Mrs. Kinney's letter on another page. Mrs. Kinney rejoices that there are 100 names on the volunteer list of the army, it having taken three years to secure this number. We do not take very great pride in publishing this report to the world.



THE IMMEDIATE CARE OF A PREMATURE CHILD

By MRS. E. E. KOCH

Graduate Illinois Training-School for Nurses, Superintendent of Nurses, Chicago
Lying-in Hospital

PREPARATIONS for a premature birth differ not at all from those made for a normal delivery. A warm receiving-blanket covered with a soft absorbent towel, warm-water bags, and warm diapers and flannels are absolutely essential, and the bath-tub, plenty of hot water, and the tracheal catheter must be near at hand.

As soon as the child is delivered it is wrapped in the blanket and kept very warm, great care being taken, however, not to entirely cover the face. If the baby is in good condition, the bath is not necessary, but the entire body is gone over with a warm towel, albolene applied rapidly and wiped off very gently, for the skin of a premature infant is thin and easily abraded. The eyes are then treated carefully, for infections of the conjunctiva in premature babies are even more common than in the normal new-born, and must be conscientiously guarded against. The cord is dressed antiseptically, the binder applied firmly but loosely, and the baby dressed or wrapped in flannels, as quickly as possible with the least exposure and handling and the smallest amount of jarring. It should be covered warmly but lightly and left to rest until the arrival of the ambulance.

Many physicians, when anticipating a premature delivery, have the incubator infant ambulance in readiness, that there may be no loss of valuable time in conveying the baby to an incubator station.

Should the nurse find herself alone with a premature birth and an asphyxiated child, she may resort to the different methods of resuscitation. The Schulze method and several others are almost too severe for even a full-term child, and should by no means be used by a nurse for a premature baby. The milder methods may be used—preferably, the hot-water resuscitation bath. The temperature of the water should be 104° F., and hot water may be added up to 110° F. There can be no definite time limit for the bath, but from five to fifteen minutes is usually sufficiently long. The baby is dried gently and is made to cry. This is often a difficult task, but rubbing the soles of the feet and the palms of the hands almost invariably brings the desired results, a sharp cry and a gradual lung expansion.

If there be mucus in the trachea or upper respiratory tubes, it should be removed by the tracheal catheter. Should the nurse,

however, not be experienced with the catheter, she may suspend the baby by the feet or lower the head and wipe out, with a clean finger, the mucus which will drop forward.

Granted that respiration has been established, temperature 97° or normal, the baby is wrapped in warm flannels and laid in a basket.

Should it not seem necessary to send the baby to a hospital, many ways of keeping it warm may be devised, with fair results. A clothes-basket, lined with a blanket, and with pockets on the sides for hot-water bottles, placed near a stove or steam radiator, with a thermometer beside the baby, is very satisfactory.

We have found that the child wrapped in flannels is in better condition on arrival at the hospital than the one wrapped in cotton, and we would suggest that the best dress is a woolen shirt, a flannel binder, an ordinary diaper, and a flannel slip. Many nurses make the mistake of wrapping the baby in cotton immediately after birth. This is a serious handicap to the child. In the hurry the natural secretions have not been wiped off properly, the cord is allowed to ooze and often is left without a dressing, and in a short time a cold, wet condition exists, reducing the bodily heat very materially. On the other hand, the nurse may use too much oil, and that, together with the cotton covering, naturally causes a clogging of the pores, and a consequent chilling of the surface, reducing the vital heat to the minimum.

Hypothermia is perhaps the most important problem arising in connection with the premature child. To guard against post-natal hypothermia is the nurse's first duty; the importance of keeping a premature baby warm, cannot be too forcibly impressed. The vitality of such a child is naturally low, and if the baby once becomes thoroughly chilled and cyanosed, the roof of the mouth cold, and the temperature 92° to 95°, hot dips, hot cloths, stimulants, and even warm incubators are of little avail.

If the temperature of a new-born, premature infant be subnormal (95° to 97°), the hot bath must be given to restore the required heat before the child is wrapped in flannels, or before it is placed in the incubator.

It must be remembered that the incubator serves to lessen the heat loss of the premature baby, and to furnish warm filtered air and a uniform temperature, rather than to restore bodily heat and vital activities. These depend on direct external heat application and the maintenance of proper nutrition. Therefore the duty of a nurse to a premature infant is the prevention of heat-loss, the application of

heat to help toward that end, protection from jar and shock, careful observation of the infinite details from the moment of birth, and lastly, but not least, to be guided by her womanly instinct in gently and tenderly handling the tiny bit of humanity.

CARE OF A PREMATURE BABY WITHOUT AN INCUBATOR

By MARY E. HAYES

Graduate Michael Reese Training-School, Chicago, Illinois

As soon as possible after birth the child should be oiled, in front of a warm fire, and the cord dressed in the ordinary manner. A shirt, abdominal band, and a diaper are put on. The shirt is necessary to protect the arms and shoulders, as the cotton in which it is afterward wrapped separates with the motion of the hands. A close-fitting flannel cap should protect the head.

The room should be chosen with reference to its heating capacity; one with an open grate preferred; if this is impossible, a stove will be necessary. The temperature should be kept at about 90° Fahrenheit. An ordinary clothes-basket, with a feather pillow, will serve as a bed. The basket is to be preferred to a crib, as the sides protect the child from draughts. As the child has very little vitality, it will be best to keep this bed warm with hot-water bags. When the child is taken out to nurse, it should be placed on a hot-water bag and covered with a light blanket, head and all. During nursing the child is close enough to its mother to be kept warm by her body heat. During this time, the child's own room can be aired for a few minutes, after which the temperature should again be raised to the required point before bringing the child back.

Oil rubs should take the place of baths, and should be continued until the child has gained sufficient strength to admit of a sponge bath, but in the meantime the eyes and mouth will need washing with sterilized water morning and evening. Special attention should be given to the ears, as the little cap holds them close to the head, and they may become sore from heat and pressure.

Breast milk for a premature babe is almost a necessity. He should be fed every two hours during the day and every three hours at night. Perhaps at first the child will be too feeble to nurse. In

that case the milk should be pumped from the breast. This is put in a measuring glass and kept warm by placing the glass in warm water; then a medicine dropper can be used to feed it to the child until he can suck. In the meantime he should be frequently placed at the breast to teach him to nurse. A premature babe sleeps almost all the time. He should be fed regularly in spite of this, and as a certain amount of nourishment is necessary to the maintenance of life, great patience and perseverance are necessary in order to make him take the required amount; but do not give up until you have accomplished your purpose. It may take an hour to get him to take one tablespoonful of milk. If the food is sufficient in quantity and of good quality, the child will gain steadily from six to eight ounces a week, after the first week.

When the child is taken up to be fed the diaper should be changed, olive oil and absorbent cotton being used for cleansing purposes, as the skin is too tender to bear frequent washings with water.

In placing the child in his bed, be sure to reverse his position each time. Handle as little as possible, and avoid tub baths until the child has gained strength and resistance. If the babe goes into a profound sleep after a tub bath, it is an indication to discontinue them until he is stronger.

There is no set time for taking the child out of cotton and dressing him in full; we must be guided by his condition. The condition also will indicate when to lower the temperature of the room, which should be done gradually.

CONTAGIOUS NURSING IN PRIVATE HOMES

By SARA M. DICK

Graduate of Illinois Training-School for Nurses

THE following suggestions may prove of some aid to nurses who, though having had the necessary hospital training in contagious work, have not been called on to deal with conditions met with in private homes.

In many homes a suite of rooms is available, so that very little difficulty is encountered in isolating the case, while in others, where means are limited, the nurse's ingenuity is sometimes taxed to the utmost to observe needed precautions without usurping the one bathroom and upsetting the entire routine of the household.

Preferably, the room to be chosen should be on the top floor of the house. Air and light must figure largely in selection, and an important point is to have a room near, or connecting with, a bath-room. There should be as little furniture in the room as possible, and that of the plainest character. Rugs, curtains, etc., should be dispensed with. A sheet, with three or four loops of tape sewed to one end, should be hung by tacks or small brass hooks over the doorway. This sheet can be easily removed and is to be wrung out of a disinfecting solution often enough to keep it moist. This is done in order to prevent any germs from following the draught outward when the door is opened. Removing the sheet to dampen it, will prove less arduous than spraying or sprinkling it with a whisk broom. Platt's chlorides is one of the best disinfectants, having the advantage of being a good deodorant as well. A less expensive one, which is quite good, is three-per-cent. carbolic. Formaline, in strength adequate, would prove far too irritating. A foot-tub containing a three-per-cent. solution of carbolic should be kept in the clothes-closet for soaking all linen that has been used in the sick-room. It is advisable to remove the accumulation of soiled clothes twice a day. It should be sent to the laundry and kept immersed until washed. Sweeping should be done with a covered broom moistened with a disinfectant preferably a three-per-cent. solution of carbolic. Dusters should also be well dampened, and all wood-work, door-knobs, and furniture gone over once a day.

Where only one room is available, the nurse should have her meals served in the hall, just outside the sick-room. All food left over must be destroyed. In the absence of a grate, it must be put into a paper-lined, tightly covered bucket, which should be emptied twice a day. Immediately before being removed to the basement, where the contents should be burned in the furnace, the handle and outside of the bucket should be wiped off with a disinfectant, so that the person emptying it will not be exposed to contagion. The dishes and tray should be rinsed in the bath-room and put through a disinfectant solution, then left in the hall-way to be taken down stairs and cared for by some member of the household.

Out-of-door exercise is most essential for the nurse. She should change her under-skirt, shoes, and outer clothing, making the change in the bath-room, standing on a sheet, if no adjoining room is given over to her. It will be necessary to have some member of the family take charge of her street clothing, bringing it to her when she is ready to use it.

The person relieving the nurse should have a couple of loose cotton wrappers and dusting caps. She should wear short undershirts of washable material, and when leaving the room should doff wrapper and cap and leave her shoes just inside the door. The wrapper and cap should be disinfected and sent to the laundry.

It must be borne in mind that the discharges from the nose and throat, in most contagious diseases, are among the greatest menaces. Flying flakes, from uncovered dried discharges, are very active factors in spreading disease. Small squares of linen, or old muslin, or Japanese paper napkins, which are easily and cheaply obtained, should be used for such excreta and put into paper cornucopias made with several thicknesses of paper, so that one or more thicknesses can be doubled in as a cover. This, and all other refuse, should be consigned to the covered bucket for removal to the furnace. A basin of some antiseptic solution should be kept just inside the doorway for washing the hands before leaving the room. Lysol, four-per-cent., will be found very satisfactory.

A cap, that completely covers the hair, is an essential in contagious cases. What is known as the Puritan dusting cap is perhaps a little more attractive than the old-time round shape.

The subject of disinfection after a case need not be considered here, as it has been adequately dealt with in former numbers of the JOURNAL.

NURSING ETHICS AND ETIQUETTE*

BY CHARLOTTE M. PERRY

Superintendent Faxton Hospital, Utica, N. Y.; Graduate Massachusetts
General Hospital

(Continued from page 452.)

Truthfulness.—Of all the moral attributes, truthfulness is one which places us most on our honor. To the upright man, nothing is so heinous as any deviation from the truth. There are special professional reasons why nurses should practice strict observance of the rule of careful statement. A nurse's life is complex, full of varied duties and situations which call for ingenuity and tact, as well as for adherence to the truth. She administers powerful drugs, watches im-

*Lecture given to the pupil-nurses of Faxton Hospital.

portant symptoms, becomes acquainted with facts often having a bearing on circumstantial evidence. She may be called upon to help trace out an intricate cause of disease of fatal termination. Under the strain of excessive activity she may commit an error, any attempt to cover up which might result disastrously to the patient. A mistake should, therefore, be promptly reported to the proper authority. The physician will depend upon the accuracy of a nurse's reporting of *facts*, not opinions, for his diagnosis. Her constant attendance upon the sick yields an opportunity for collecting important data which he can obtain in no other way. The habit of concise practical statement, expressed in technical language, adds greatly to a nurse's influence and professional prestige.

Trustworthiness refers primarily to the keeping as a sacred confidence all that is revealed, whether intentionally or inadvertently, concerning the patient's circumstances, condition, past history, family relations, or nature of disease and treatment. It is in violation of this ethical rule that nurses talk over these matters, even among themselves, in their rooms, at table, in the corridors of the hospital, in public thoroughfares, drug stores, or any place where they may be overheard. Once a matter is imparted to another, it is no longer a sacred confidence. Better always to practice a discreet silence in all things relating to a patient than to merit a lack of confidence on the part of the laity. Once aware of a nurse's broken faith and tendency to gossip, patients will not only shun that nurse, but will see to it that their friends are warned. Trustworthiness also enters into the character of a nurse's work. She must be perfectly reliable as to surgical cleanliness, watchful care of the patient, observation of symptoms, faithful execution of orders, conscientious use of appliances and hospital furnishings, safe storing of patient's belongings; for maintaining a loyal attitude toward the training-school, and for being a wholesome example to her classmates. In matters of conduct, nurses should remember that they are mature women who have adopted a serious profession; not youthful girls, full of irrepressible spirits, who so far forget their calling as to throw off all restraint. A certain reserve of manner should never be entirely lost. A discrimination should be shown, not only towards differences in rank, but between affairs professional and social. Trustworthiness in this respect would relieve those in authority of needless anxiety, and make the hospital atmosphere one of harmony and sympathetic coöperation in the care of the sick.

(To be continued.)

BACTERIOLOGY FOR NURSES *

By E. STANLEY RYERSON, M.D., C.M.

Out-door Surgeon, Toronto General Hospital ; Surgical Registrar, Hospital for Sick Children ; Assistant Demonstrator in Pathology and Anatomy, University of Toronto.

(Continued from page 455.)

Modern Bacteriology was placed upon a definite scientific basis by the researches of Koch into the disease-producing bacteria. He introduced the materials called media, on which we now grow bacteria in the laboratory, and demonstrated how a disease could be reproduced in an animal by introducing the bacteria into its tissues, which procedure is known as inoculation. He formulated certain conditions which an organism must fulfil before it can be said to be the cause of a disease. These conditions or postulates are:

1. The organism must be constantly associated with the disease.
2. It must be separated from all other bacteria or, as it is called technically, isolated in pure culture.
3. It must reproduce the same disease, when it is introduced into the tissues of animals and the same organism must be found in the animal tissues.

He succeeded in discovering a number of bacteria which fulfilled these postulates, among which were the following: The Typhoid bacillus, which causes typhoid fever, he found in 1880 (this was also found independently about the same time by a bacteriologist named Elberth); in 1882, the Tubercle bacillus, the cause of all cases of tuberculosis or consumption; in 1884, the Cholera bacillus. In 1890 he made Tuberculin, a syrupy substance which, it was thought at first, would be a cure for consumption, but later was found to be of no value in this way, and is only used now as a test of the presence or absence of tuberculosis. Within the last few months we have been hearing about his investigations into the relationship of tuberculosis in cows and that in the human being.

Other bacteria, their discoverers and the date when found, are:

The Klebs-Loeffleur bacillus, by Klebs and Loeffleur, in 1884. It causes diphtheria.

Diplococcus pneumoniae by Fraenkel in 1885. It produces pneumonia.

Bacillus influenzae by Pfeiffer in 1892. Influenza or "La grippe" is caused by it.

Bacillus of bubonic plague by Kitasato, a Japanese, in 1894.

Bacillus icteroides, by Sanarelli, in 1896, is the cause of yellow fever.

* One of four lectures delivered to the Nurses of the Toronto General Hospital and the Hospital for Sick Children, Toronto, November, 1905.

Although all of the above and many other organisms have been isolated, bacteriologists have yet to discover the germs which cause some of our commonest diseases, such as smallpox, measles, scarlet fever, and whooping-cough. These unknown bacteria may be so small that our present microscopes do not magnify them to a size large enough for us to see them, or they may require some special form of preparation which has not yet been discovered. We cannot but be sanguine, however, when we consider the rapid development and wonderful advances which bacteriology has made in the last twenty-five years in comparison with the slow progress of the two centuries immediately preceding that time.

What are bacteria? They are very minute plants of a single cell which contain no chlorophyll, the substance that gives the green color to leaves and stems. Each plant or cell is composed of a wall surrounding a mass of albumen or protoplasm, which resembles closely the white of an egg. These cells increase in number by fission,—that is, by each cell dividing itself into two cells, each of which again divides into two, and this multiplication continues as long as favorable conditions for growth are present. *So we may define bacteria as microscopic unicellular vegetable organisms, devoid of chlorophyll, that multiply by the process of transverse division.*

Classifications.—For many years no classification could be found that would satisfy the minds of more than one or two schools of investigators. By degrees this state of confusion has been reduced to one of comparative order, which is used by most of the authorities on the subject at the present day.

The classifications are made as follows:

1. According to the class of fungi or mycetes to which bacteria belong.
2. According to the materials which they live on.
3. According to their shape or morphology.

(1) According to the class of fungi or mycetes to which they belong:

1. *Blastomycetes, or yeast fungi.* An example of this form is seen in the white growth known as thrush, which grows in the mouths of babies.
2. *Hypnomycetes or mould fungi.* To this class belongs the organism which produces ring-worm.
3. *Schizomycetes or fission fungi.* It is to this class that we will devote most of our attention during this course.

(To be continued.)

PRACTICAL POINTS.

[Nurses interested in this column are asked to send contributions for it.]

IN using a rectal tube or catheter for giving a high enema, there is less danger of the tube coiling up if it is inserted while the fluid is escaping, and the rectum is allowed to dilate before it is pushed further up.—E. E.

A SWAB of cotton on a tooth-pick is better than a rag on the finger for washing the gums of a small child. It is also excellent for cleansing the nostrils and external ear.—E. E.

PATIENTS who object to food will frequently take a lightly beaten egg in orange juice, if it is strained and they are not told the egg is there.—E. E.

CONTINUED hot applications will often give more relief to a hemorrhoid case than the usual suppositories, without the after effect.—E. E.

A HOT foot-bath and vigorous rubbing of the entire scalp will relieve a nervous headache.—E. E.

THE sick-room is unfortunately too often a general sitting-room. To insure the patient plenty of fresh air, it is not enough to keep one window open a little way. Frequently, during the day, and always before bed-time, cover the patient well, and open all the windows. It is not only good for the patient, but the nurse as well and, incidentally, makes the room uncomfortable for the family for the time being.—E. E.

A WHALEBONE, bent so that it will reach far back, is good for cleansing the tongue of a typhoid-fever patient.—S. G.

A YOUNG boy, who had reached the hungry, convalescent stage of typhoid, was allowed by his doctor to chew gum as a pacifier. The gum proved a good cleanser of the teeth and tongue and is useful for that purpose, but the nurse must see that it is afterward put into a paper or cloth and burned.—S. G.

AT a time of great weakness, to look at brightly colored flowers is like looking at a strong light. Flowers and plants of delicate shades and mild fragrance should be selected for the days following an operation.—M. C.

WHEN one has a face-ache and takes a hot-water bag to bed, it can be kept from slipping about by putting it between the pillow and its outer case.

IN caring for a patient whose eyes are inflamed no dry cotton should be brought near the face, as the fine, almost invisible fuzz which floats in the air tends to aggravate and increase the inflammation. Wet cotton may be used for irrigation or, better, the solution can be poured from a small open-mouthed bottle. Squares of soft linen should be used in place of the dry-cotton sponges.

THE best way to clean the stitches after a perineal operation is to bend the patient's thighs back upon the abdomen. An assistant is needed to hold the knees, and some patients would object to the position, but the field can be seen clearly and cleaned thoroughly.

IF a nurse is not needed for constant watching, but must be awake at certain hours to give treatments or medicine, an alarm-clock, set for the hour, can be put under her pillow. Its muffled sound will not disturb any one else but will rouse her on time. The key to the alarm should be turned only once or twice.—M. B.

IN fumigating a room, glycerine can be used, instead of paste, for fastening strips of paper over the cracks of doors. Its advantage is that it does not injure the woodwork and is easily removed. Its disadvantage is that it will last only from six to nine hours. An un-

perforated roll of toilet paper is convenient to use for cutting strips.—M. H.

For bluish spots on the skin, likely to develop into bed-sores, use tincture of myrrh. While this is still damp, apply oxide of zinc powder, enough to form a paste or plaster over the spot. In an hour or two the skin begins to look more natural. Such an application made once a day is usually sufficient.—M. H.

If the skin should be “burned” by too long application of an ice-bag, use immediately an alcohol compress larger than the area affected.—M. H.

A SMALL enema of olive oil, given in the evening to be retained all night, is successful in relieving constipation.—J. D.

AN ECONOMICAL OUTFIT FOR AN INFANT

AN outfit for an infant is usually a matter of considerable expense, but it is possible to have comfortable clothes for a baby, and enough to keep it always fresh and clean, at moderate cost. “Daisy cloth,” for instance, may be used largely instead of flannel, for pinning blankets, petticoats and night-dresses. This is a soft, light weight, double-faced canton flannel, which does not become stiff with washing. It is nice, too, for the large diapers (while the small ones can be made of cheese-cloth), one yard to each diaper, folded twice, so that each diaper has four thicknesses and is eighteen inches square. These are to be stitched around the edges and diagonally. The little knit bands and shirts are very expensive, if purchased in the silk and wool (the all-wool ones are too irritating and should never be used), but the same things are made in the knit cotton and are warm enough for a normal baby. These are far better than the home-made shirts, cut in a jacket shape, which will always wrinkle.

To make a summary of the most necessary articles with suggestions as to prices and quantities: Flannel for first straight bands, 1 yard, 25 inches wide, \$.25; 4 knit bands, at 25 cents each, \$1.00; 4 knit cotton shirts, 25 cents each, \$1.00; 30 yards cheese cloth, for 30 first-size diapers, at 5 cents a yard, \$1.50; 18 yards daisy cloth, 32 inches wide, at 15 cents a yard (for making 20 diapers, 32 inches wide,

and a little longer than wide, to allow for shrinking), \$2.70; 4 petticoats, made of daisy cloth, in the "Gertrude" or "Dorothy" pattern, allowing 2 yards to each skirt, \$1.20; 4 night-dresses, ready-made, of outing flannel, 50 cents each, \$2.00; 12 slips, 8 at 25 cents each, \$2.00; 4 at 50 cents each, \$2.00. If made at home the slips require about $2\frac{1}{2}$ yards of material 1 yard wide. A fairly good nainsook, 30 inches wide, costs 20 cents a yard. 2 pair socks, 25 cents each, \$.50; total cost \$14.15.

This outfit can be made still less expensive by lessening the number of articles, but unless one has the time and proper facilities for washing and ironing soiled articles at once, the above estimate will not be found excessive. Take the diapers as an example. The baby must have a small one pinned on and a large one laid under it to protect its clothes. When properly cared for, a baby has about thirteen changes of diapers in twenty-four hours, and an allowance of thirty small ones and twenty large ones is not any too ample. One could, at a pinch, get on with three each of shirts, bands and night-dresses, and with eight slips. This would reduce the total cost to eleven and a-half dollars.

Several years ago after careful investigation it was reported in the *Boston Medical and Surgical Journal* that there was no danger from typhoid infection from ice that had been stored three weeks. Recent investigations made by Dr. Blumer, of Albany, trace an epidemic of typhoid at the St. Lawrence State Hospital to ice taken from the St. Lawrence river, which had been cut seven months previous. It seems that when this ice was forming there were typhoid cases among people using wells in the vicinity. Experiments and investigations have shown conclusively that the ice contained typhoid bacillus and the opinion is given that under certain favorable conditions ice is a dangerous source of typhoid infection.

Certain political influences are at work in Chicago to abolish women tenement-house inspectors, and the women's club and social settlement workers are opposing this attempt to put women off of the force, the ground taken being that competent women should be retained and incompetent ones (if such there are on the force) be discharged and others appointed. Experience in New York and other places has demonstrated that for some kinds of tenement inspection women are better than men.

A CURRICULUM FOR TRAINING SCHOOLS.



NEW YORK STATE EDUCATION DEPARTMENT

HIGHER EDUCATION

HOWARD J. ROGERS LL.D., First Assistant Commissioner in charge

Bulletin 28

Proof under revision

COURSE OF STUDY AND SYLLABUS

RECOMMENDED BY THE STATE BOARD OF NURSE EXAMINERS

FOR THE GUIDANCE OF NURSE TRAINING SCHOOLS

IN PREPARING THEIR STUDENTS FOR EXAMINATION BEFORE THE STATE
BOARD

Outlined for the State Board by the Committee of Education and
Revised by a Committee Representing the Education Department,
the State Board of Nurse Examiners the New York State
Nurses Association and the Training Schools

ALBANY, N. Y. APRIL 1, 1906

STATE NURSES ASSOCIATION

COMMITTEE ON EDUCATION

Appointed June 9, 1905

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Mary S. Gilmour R.N., representing the Association
Frances Black R.N., representing the Nurse Training Schools
O. M. Dewing M.D., representing the State Hospitals
H. L. Taylor Ph. D., representing the Education Department

INTRODUCTION

This course of study and syllabus is intended for the guidance of nurse training schools in preparing their students for examinations as provided in the nurse practice act of 1903.

It has been prepared on the request of many nurse training schools desiring assistance in developing their courses of instruction and in improving their methods of training.

It provides for theoretical instruction, teaching by demonstration and service in the hospital wards. While it is not intended that the course as outlined shall interfere with flexibility in the arrangement of subjects, methods of teaching or division of time, it is to be accepted as covering the minimum requirements of the Department and the subjects and methods which it embodies will be the basis of the State examinations.

The full examination will include both a practical demonstration and a written test which includes questions on (1) elementary bacteriology, (2) elementary materia medica, (3) elementary anatomy and physiology, (4) diet cooking, (5) medical nursing including contagious diseases, (6) surgical nursing including gynecology, (7) obstetrical nursing, (8) nursing in children's diseases, (9) genito-urinary (for men). It is to be understood that these subjects are to be taught in their relations to nursing and not to medical practice.

Beginning January 1, 1906, the entrance requirement to nurse training schools is one year at least of registered secondary work or the equivalent, 15 counts in Regents examinations.

The preliminary training as outlined is to be included in the probationary period as part of the regular work in the hospital and the minimum recommendation is for two weeks only, but the time should be lengthened and the instruction broadened according to the facilities of the school, from one to six months. Teaching the new student the simple principles of nursing by demonstration before she is placed in the hospital ward to care for sick patients is a very important and

progressive feature of the curriculum which all nurse schools are urged to adopt.

This course of study and syllabus was outlined for the State Board of Examiners by a committee on education of the New York State Nurses' Association appointed June 9, 1905, a committee composed of women actively engaged in nurse teaching and representing different portions of the State and large, medium and small nurse training schools. It has been carefully revised by a committee representing the Education Department, the training schools of hospitals for the insane, homeopathic schools, the State Association and the Board of Nurse Examiners. It is issued as proof under revision to secure criticisms and suggestions that will insure its practicability, correct its defects and increase its field of usefulness.

NURSE PRACTICE ACT

Laws of New York 1903, ch. 203 in effect April 27

AN ACT TO AMEND THE PUBLIC HEALTH LAW RELATIVE TO THE PRACTICE OF NURSING

§ 206 WHO MAY PRACTISE AS REGISTERED NURSES. Any resident of the State of New York, being over the age of 21 years and of good moral character holding a diploma from a training school for nurses connected with a hospital or sanatorium giving a course of at least two years, and registered by the Regents of the University of the State of New York as maintaining in this and other respects proper standards, all of which shall be determined by the said Regents, and who shall have received from the said Regents a certificate of his or her qualifications to practise as a registered nurse, shall be styled and known as a registered nurse, and no other person shall assume such title, or use the abbreviation R. N. or any other words, letters or figures to indicate that the person using the name is such a registered nurse. Before beginning to practise nursing every such registered nurse shall cause such certificate to be recorded in the county clerk's office of the county of his or her residence with an affidavit of his or her identity as the person to whom the same was so issued and of his or her place of residence within such county. In the month of January, 1906, and in every 36th month thereafter, every registered nurse shall again cause his or her certificate to be recorded in the said county clerk's office, with an affidavit of his or her identity as the person to whom the same was issued, and of his or her place of residence at the time of such reregistration. Nothing contained in this act shall be considered as conferring any authority to practise medicine or to undertake the treatment or cure of disease in violation of article 8 of this chapter.

§ 207 BOARD OF EXAMINERS; EXAMINATION; FEES. Upon the taking effect of this act the New York State Nurses Association shall nominate for examiners 10 of their members who have had not less than five years' experience in their profession, and at each annual meeting of said association thereafter, two other candidates. The Regents of the University of the State of New York shall appoint a board of five examiners from such list. One member of said board shall be appointed for one

year, one for two years, one for three years, one for four years, and one for five years. Upon the expiration of the term of office of any examiner the said Regents shall likewise fill the vacancy for a term of five years and until his or her successor is chosen. An unexpired term of an examiner caused by death, resignation or otherwise, shall be filled by the Regents in the same manner as an original appointment is made. The said Regents, with the advice of the board of examiners above provided for, shall make rules for the examination of nurses applying for certification under this act, and shall charge for examination and for certification a fee of \$5 to meet the actual expenses, and shall report annually their receipts and expenditures under the provisions of this act, to the State Comptroller, and pay the balance of receipts over expenditures to the State Treasurer. The said Regents may revoke any such certificate for sufficient cause after written notice to the holder thereof and hearing thereon. No person shall thereafter practise as a registered nurse under any such revoked certificate.

§ 208 WAIVER OF EXAMINATIONS. The Regents of the University of the State of New York, may upon the recommendation of said board of examiners, waive the examination of any persons possessing the qualifications mentioned in section 206, who shall have been graduated before or who are in training at the time of, the passage of this act and shall hereafter be graduated, and of such persons now engaged in the practise of nursing, as have had three years' experience in a general hospital prior to the passage of this act, who shall apply in writing for such certificate within three years after the passage of this act, and shall also grant a certificate to any nurse of good moral character, who has been engaged in the actual practise of nursing for not less than three years next prior to the passage of this act who shall satisfactorily pass an examination in practical nursing within three years hereafter.

209 VIOLATIONS OF THIS ARTICLE. Any violation of this article shall be a misdemeanor. When any prosecution under this article is made on the complaint of the New York State Nurses Association, the certificate of incorporation of which was filed and recorded in the office of the Secretary of State on the second day of April, 1902, the fines collected shall be paid to said association and any excess in the amount of fines so paid over the expenses incurred by said association in enforcing the provisions of this article shall be paid at the end of each year to the Treasurer of the State of New York.

REGENTS SPECIAL RULES RELATING TO THE REGISTRATION OF NURSES

INCORPORATION. The training school for nurses or the institution of which it is a department must be incorporated, and will be inspected by the Education Department upon receiving its formal application for registration showing that it possesses the minimum requirements.

HOSPITAL FACILITIES. For registration, a nurses training school must be connected with a hospital (or sanatorium)) having not less than 25 beds and the number of beds must be from two to four times the number of students in the school, depending on the character of the hospital's facilities for private or ward patients.

PRELIMINARY EDUCATION. All training schools registered by the Regents of the University of the State of New York shall require of pupils applying for admission a certificate of graduation from a grammar school or its equivalent, preference being given to applicants who have had one year or more in a secondary school and to those who have taken a full course in domestic science in a recognized technical school. After January 1, 1906, a one year secondary course, or its equivalent, will be required.

SUBJECTS OF STATE EXAMINATION. Training schools for nurses registered by the Regents shall provide both practical and theoretic instruction in the following branches of nursing: (1) medical nursing (including materia medica), (2) surgical nursing, with operative technic including gynecological, (3) obstetrical nursing (each pupil to have had the care of not less than six cases), (4) nursing of sick children, (5) diet cooking for the sick including (a) 12 lessons in cooking in a good technical school, or with a competent diet teacher (b) food values, and feeding in special cases, to be taught in classes (not by lectures, (6) a thorough course of theoretical instruction in contagious nursing where practical experience is impossible.

Training schools for male nurses shall provide instruction in genito-urinary branches, in place of gynecological and obstetrical nursing.

PROFESSIONAL EDUCATION. The period of instruction in the training school shall be not less than two full years, during which time students shall not be utilized to care for patients outside of a hospital. Training schools giving a three year course and wishing to continue the practice of utilizing their pupils to earn money for the hospital may send them out to private cases or for district work among the poor for a period not exceeding three months in the third year of their course. But training schools with a two year course wishing to continue the practice must extend their course to meet the above requirements.

COURSE OF STUDY

FACULTY. The minimum force *necessary* to carry out the curriculum comprises a superintendent and an assistant superintendent to afford instruction in practical nursing in all branches, materia medica, anatomy and physiology; a dietitian to impart instruction in dietetics in all branches; four lectures to afford instruction in (1) medicine, (2) surgery and bacteriology, (3) obstetrics and gynecology, (4) children's and contagious diseases.

In small hospitals and training schools the superintendent should, as matron, have charge of the diet and store rooms, and should give the necessary diet kitchen practice. The assistant should have immediate charge of the operating room and wards, and with the doctors give clinical instruction and supervise the ward practice, which should be inspected by the superintendent as frequently as desirable.

The lecturers should have the graduating class and should cover their ground in four lectures each, which can be arranged to be given once a year. If the lecturers are to be paid, the cost may vary from \$3 to \$10 per lecture.

The superintendent of the training school and all nurse assistants should be registered nurses. Paid instructors or physicians should be engaged for definite periods.

OUTLINE OF WARD SERVICE. This arrangement for 25 months' service in the wards is outlined as the minimum requirement of all registered schools. If the course be three years, the probationary term should be from three to six months, and the remaining nine or six months be devoted to specialties and head nurse work and private duty and district work.

Probationary term. This includes one month of preliminary work.

Junior term. This requires at least eight months; in medical nursing for men or women or both, four months; in diet kitchen, one month; on night duty, one month; in surgical nursing (general), two months.

Intermediate term. This requires at least eight months; in the operating room, one month; in special medical and surgical cases, two months; (this time is designed to fill the need for the special nursing of critical cases; when the hospital does not demand such service, it should be added to the regular medical or surgical service); in gynecology, two months; on night duty, two months; on vacation, one month.

Senior term. This requires at least eight months; in obstetrics, one month; with children, three months (one month of this should be night duty, two months day); as senior assistant or head nurse, four months (including massage).

THEORETICAL WORK ARRANGED BY CLASSES. By outlining the theoretical work for three classes of students, the January to enter and graduate January 1; the May to enter and graduate May 1, and the August to enter and graduate August 1 the hospital has the benefit of additional help during vacation period. Each class has at least nine

months of the two years with no theoretical instruction which gives ample time for vacations and special studies. In outlining the course for three years, additional studies should be arranged at the discretion of the superintendent for her special needs.

JANUARY CLASS (PROBATIONARY WORK DURING DECEMBER)

FIRST YEAR

Junior work—January to May
Vacation period—June and July
Intermediate work—August to December

SECOND YEAR

No theoretical instruction—January to July
Senior work—August to December
Graduate—January 1

MAY CLASS (PROBATIONARY WORK DURING APRIL)

FIRST YEAR

No theoretical instruction—May to July
Junior work—August to December
Intermediate work—January to April

SECOND YEAR

Vacation period—May to July
Senior work—August to December
No theoretical instruction—January to April
Graduate—May 1

AUGUST CLASS (PROBATIONARY WORK DURING JULY)

FIRST YEAR

Junior work—August to December
Intermediate work—January to April
Vacation period—May to July

SECOND YEAR

Senior work—August to December
No theoretical instruction—January to July
Graduate—August 1

OUTLINE OF THEORETICAL WORK. This instruction arranged for four terms requires at least 25 months and should be increased to 36 months as rapidly as the development of the school warrants. The superintendent and assistant give no lessons in June and July or on

Wednesdays or Fridays or Saturdays during the year except in probationary work.

Probationary term. This comprises one month, two weeks of which or 16 days at least are given to lessons. For details see weekly schedule.

Junior term. This comprises eight months, five of which or 20 weeks are given to lessons; for three months no theoretical instruction is given.

Beginning the first week of January and the first week of August give on Tuesdays from 4 to 6 p. m. medical nursing, 20 lessons in theory and eight practical demonstrations; on Thursdays from 4 to 6 p. m. anatomy—10 lessons; surgical nursing—six lessons in theory and five lessons in practice; gynecology—four lessons in theory and one in practice. Dietetics on Fridays from 4 to 6 p. m. for 20 weeks. Provide for examinations in the third week of May and in the third week of December.

Intermediate term. This comprises eight months, four of which or 16 weeks are given to lessons; for four months no theoretical instruction is given.

Beginning the first week of January and the last week of August give on Mondays from 4 to 6 p.m. obstetrics—eight lessons; materia medica—six lessons; from January to April children's diseases—eight lessons; materia medica—six lessons. Provide for examinations in the last week of April and the third week of December.

Senior term. This comprises eight months, four of which or 16 weeks are given to lessons; for four months no theoretical instruction is given. This instruction is for the graduate class and given in the fall only.

Beginning the last week of August give on Wednesdays from 5 to 6 p. m. 16 lectures, four each to (1) medicine, (2) surgery and bacteriology, (3) obstetrics and gynecology, (4) children's diseases and contagious nursing. Provide for examinations in the third week of December.

A WEEKLY PROGRAM OF THE WORK OF THE TERMS. As very few lectures cover two hours and as the lesson periods of very few training schools are two hours long the time indicated in this arrangement is maximum. The probationary term is not provided for in this outline and should be arranged by the superintendent for those months during which the work is lightest.

Mondays. The intermediates meet the superintendent and assistants from 4 to 6 p. m. for 16 weeks from the first week of January

to the third week of April and from the last week of August to the second week of December inclusive, the examinations being held in the last week of April and the third week of December.

Tuesdays. The juniors meet the superintendent and assistants from 4 to 6 p. m. for 20 weeks from the first week of January to the second week of May and from the first week of August to the second week of December, the examinations being held in the third week of May and the third week of December.

Wednesdays. The seniors take lectures from the medical staff from 5 to 6 p. m. for 16 weeks during the fall term only, i. e. from the last week of August to the second week of December, the examinations being held in the third week of December.

Thursdays. The juniors meet the superintendent and assistants from 4 to 6 p. m. for 10 weeks from the first week of January to the second week of March and from the first week of August to the first week of October, the examinations being held in the third week of May and the third week of December.

Fridays. The juniors meet the dietitian from 4 to 6 p. m. for 20 weeks from the first week of January to the second week of May and from the first week of August to the second week of December, the examinations being held the third week of May and the third week of December.

SYLLABUS

PROBATIONARY TERM. In outlining a time schedule of the 16 days of preliminary training the instruction in bandaging, theory and ethics is assigned to the superintendent of the training school; the practical work and the care of their own rooms to the assistant superintendent; the diet kitchen to the dietitian; the elementary anatomy to a head nurse, and the supply room to the head nurse in charge of the supply room.

SCHEDULE OF PRELIMINARY TRAINING. Assuming that eight probationers arrive on Tuesday, they should be divided into groups of four each, A and B, for the 8.15 a. m. period. At the subsequent lessons of the day both groups meet together.

WEDNESDAY AND MONDAY

MORNING

| | |
|---------|---|
| 7.40 | Breakfast |
| 8.15 | Group A in diet kitchen; group B in care of their own rooms |
| 10 | Theory and ethics of nursing |
| 11-1.30 | Off duty, dinner 12.45 |

AFTERNOON

- 1.30-2.30 Bandaging
- 2.30-4.30 Practical demonstration by the teacher
- 4.30 Off duty

THURSDAY, SATURDAY AND TUESDAY.

MORNING

- 7.40 Breakfast
- 8.15 Group A in supply room; group B in care of their own rooms
- 10 Theory and ethics of nursing
- 11-1.30 Off duty, dinner 12.45

AFTERNOON

- 1.30 Elementary anatomy
- 2.30-4.30 Practical demonstration by a pupil
- 4.30 Off duty

FRIDAY

MORNING

- 7.40 Breakfast
- 8.15 Group A in diet kitchen; group B in care of their own rooms
- 10 Theory and ethics of nursing
- 11-12.30 Practical demonstration by the teacher
- 12.45 Dinner

AFTERNOON

Off duty

SUNDAY

No instruction required

The second Friday the groups change work at the 8.15 a. m. period but otherwise the next eight lessons follow the same daily schedule. By this schedule each group has eight room lessons, four lessons in the supply room, and four in the diet kitchen. All students have eight lessons on bandaging; eight in anatomy; 18 in theory and ethics; and 16 practical lessons. The four lessons in ward work should be given in two groups by two instructors.

OUTLINE OF PRACTICAL DEMONSTRATIONS. These 16 lessons are given from 2.30 to 4.30 unless otherwise indicated.

- 1 Wednesday. Dusting, carbolizing bed, making show bed
- 2 Thursday. General survey of the hospital
- 3 Friday. 11.30 a. m. Making bed (patient in bed)
- 4 Saturday. Care of rubber goods (sheets, hot water bags, ice caps, enema tubes, rubber rings) care of instruments, making cotton balls
- 5 Monday. Admitting stretcher cases; undressing patient, bath; care of clothing and valuables
- 6 Tuesday. Washing hair, care of back, mouth, teeth; adjusting bed pan

- 7 Wednesday. Feeding helpless patients; getting patient up in bed; sitting patient up out of bed
- 8 Thursday. Ether bed, care of patient; changing mattress
- 9 Friday, 11.30 a. m. Temperature, pulse, charting, bedside notes, respiration
- 10 Saturday. Mustard pastes, stupes, poultices
- 11 Monday.. Patients' clothing closets in wards. Listing
- 12 Tuesday. In ward lavatories; dusting; measuring urine; preparation of specimens; care of toilets, bed pans, catheters, douche nozzles, etc. Instruments, etc.
- 13 Wednesday. Linen closets in wards
- 14 Thursday. In ward dining rooms; refrigerators, gas stoves, cupboards, trays etc.; serving
- 15 Friday, 11.30 a. m. Review; enemata (purgatives, nutritive, stimulative
- 16 Saturday. Review; method of preparing and giving the douche
On duty in wards 4.30 p. m. Saturday and Sunday a. m. Regular duty
Monday.

THEORY AND ETHICS OF NURSING. 18 lessons.

- 1 House rules, hospital etiquette, nursing ethics
- 2 A description of the various kinds of beds; bed-making, care of mattress, pillows, blankets, etc.
- 3 Personal hygiene, asepsis
- 4 Sick room and ward hygiene; ventilation; heating
- 5 A new patient; care of clothing and valuables
- 6 Causes and prevention of bed sores
- 7 A description of the various kinds of baths; temperature of baths
- 8-10 Ethics of nursing
- 11 Solid and fluid preparations; modes of administration; the making of solutions
- 12 Signs and abbreviations, weights and measures, percentage
- 13 The metric system
- 14 Antiseptics and disinfectants.
- 15 Meaning of medicine; time of giving; medicine lists; medicine closets
- 16 Administration of drugs; approximate value of the different methods; dosage for adults and for children ; methods of determining amounts
- 17 Classification of drugs and chemicals; simple hypnotics; common cathartics and ordinary heart stimulants, depressants and sedatives
- 18 A general knowledge of the preparation, strength, doses, physiologic action, poisonous symptoms, and treatment of aconite, alcohol, arsenic, belladonna, bromin, carbolic acid, chloral, digitalis, ether, iodin, iron, nux vomica, mercury, nitro-glycerin, opium

ELEMENTARY ANATOMY. These eight lessons in elementary anatomy are outlined for the probationary term and should serve as an introduction to the subject and as a preparation for the more extended study of the same in subsequent terms.

- 1 Tissues, systems, cavities and organs contained therein
- 2 The osseous system: classes of bones, their composition and development; bones of the head

- 3 Bones of the trunk and limbs
- 4 Muscles: attachments
- 5 The digestive system; alimentary canal
- 6 The circulatory system; pulmonic, systemic, portal, hemorrhages
- 7 The respiratory system
- 8 Executory system

BANDAGING. Eight lessons.

- 1 Spiral, figure of eight, reverse bandages
- 2 Arm bandage, elbow, shoulder spica
- 3 Hand bandages
- 4 Foot and leg, including heel
- 5 Barton eye bandages
- 6 Binders of various kinds
- 7 Finger thumb spica
- 8 Review

JUNIOR TERM. Medical nursing—The 20 lessons in the theory of medical nursing and eight practical demonstrations are planned for Tuesdays 4 to 6 p. m. from the first week of January and of August.

Practical demonstrations

- 1 Making and applying poultices, fomentations, ice poultices, counter irritants, dry cupping
- 2 Hot baths, hot packs, vapor baths, mustard packs and foot baths
- 3 Typhoid tub baths, anterior packs, alcohol sponge baths, cold packs, ice coils
- 4 Preparation for lavage, gavage, nasal feeding
- 5 Preparation for infusion, phlebotomy and hypodermoclysis
- 6 Preparation for thoracentesis, paracentesis, exploratory puncture of chest, lumbar puncture and blood culture
- 7 Test meals, special diets, administration of oxygen, use and care of cautery
- 8 Keeping of temperature charts and bedside notes

Theoretical instruction

- 1 Observation of symptoms; two lessons
- 2 Medical emergencies, including cases of acute poisoning; two lessons
- 3 Fevers. Typhoid, pneumonia, malaria, and cerebro-spinal meningitis; three lessons
- 4 Physiology and diseases of the blood; three lessons
- 5 Physiology and diseases of the respiratory system; three lessons
- 6 Physiology and diseases of the kidneys; one lesson
- 7 Physiology and diseases of the alimentary tract; three lessons
- 8 Physiology and diseases of the nervous system; three lessons
- 9 Urinalysis should be given by practical instruction in the laboratory during the second year, the class being divided into sections. It naturally follows or supplements the work of materia medica outlined for the intermediate term.

Methods of instruction

The practical lessons should be given by sections when the size of the classes demands it.

The demonstrations should be given by the head nurses but senior pupils may be employed if necessary.

The clinical teaching in the wards should be given by supervisors or competent head nurses; but the clinical instruction should be given by physicians.

The classes should recite regularly and written quizzes should be required frequently.

Occasional lectures on up to date methods and on the progress in the prevention and treatment of diseases should be afforded the nurses in training.

SURGICAL NURSING AND GYNECOLOGY

These 20 courses in surgical nursing and gynecology and six practical demonstrations are planned for Thursdays from 4 to 6 p. m. from the first week of January and of August

Practical demonstration

- 1 Use of antiseptics, aseptic, disinfectants, germicides, deodorants; sterilization by heat and chemic agents
- 2 Nurse's technic in preparing sterile dressings and utensils, in assisting at surgical dressings, and in preparing for and during operations
- 3 The preparation of the patient for the operation and his after care
- 4 The preparation for gynecologic examinations, and the positions for the same
- 5 The application of splints and extensions
- 6 Bandaging

Theoretical instruction

These 20 lessons can be covered in 10 lectures of one half hour each and six lessons of one hour and one half each in practical demonstration, which should include bandaging. The lectures can be given by the superintendent of the training school and the practical demonstrations by the assistant.

The 10 lessons in anatomy should include a review of the preliminary work in this subject and a thorough study of

- 1 The heart
- 2 The vascular system and the general circulation
- 3 The artificial distribution and the venous return
- 4 The lungs and pulmonary circulation

- 5 The liver and the portal circulation
- 6 The lymphatics
- 7 The stomach and intestines
- 8 The kidney and urinary tract
- 9 The brain and spinal cord
- 10 The nervous system

The theory of surgical nursing should include,

- 1 Bacteriology; cell life
- 2 The varieties, causes and healing of wounds; inflammation; suppuration etc.
- 3 The principles of aseptic and antiseptic surgery; the preparation and use of dressings and disinfectants
- 4 The technic of the operating room, in the hospital and in private houses
- 5 The preparation for and care of patients during and after operations
- 6 Surgical emergencies, fractures, shock, sprains, and dislocations; foreign bodies in the ear, etc.; the accidental swallowing of sharp bodies; burns, scalds, frost bites, etc.

The instruction in gynecology should include

- 1 Anatomy and physiology of the pelvic organs
- 2 Diseases to which these organs are liable; gynecologic terms and definitions
- 3 Preparation of patients for operations and examinations
- 4 Care of patients after various operations, including nursing until convalescence is established

DIETETICS. The course in dietetics is planned for Friday from 4 to 6 p. m. The 20 lessons in theory and the 20 lessons in practical work with visits to markets should be given from the first week of January and of August. The time should be divided somewhat as follows: quiz on previous lesson 15 minutes, talk by teacher on theory 15 minutes, practical work 90 minutes. It is suggested that a section should not be larger than eight, and that nearly all work should be individual. It is also suggested that the first 14 lessons should be correlated with anatomy and physiology, and the last six lessons with work in special diseases.

OUTLINE

Lesson 1: Classification of foods; coffee. Lesson 2: Mineral foods; mineral waters. Lesson 3: Carbohydrates—starch, dextrine. Lesson 4: Carbohydrates—cellulose, cereals, vegetables. Lesson 5: Carbohydrates—nuts, legumes. Lesson 6: Carbohydrates—sugar, fruits. Lesson 7: Fats and oils, salads. Lesson 8: Proteids—milk. Lesson 9: Proteids—eggs. Lesson 10: Proteids—meat, roasting and broiling. Lesson 11: Proteids—meat, stock

and broths, fish. Lesson 12: Proteids—gelatin. Lesson 13: Review; bread. Lesson 14: Review; frozen mixtures, sponge cake. Lesson 15: Computing diataries, soft and liquid diets. Lesson 16: Children's diet; convalescent diet. Lesson 17: Diabetic diet. Lesson 18: Rheumatic diet. Lesson 19: Fever and post-operative diet. Lesson 20: General review; preparing trays.

LESSONS IN DETAIL

Lesson 1. Theory. Classification of foods; definition; illustration—body compared to steam engine; requirements—life ration, working ration, sick ration. Five food principles: organic—(1) proteids, (2) fats, (3) carbohydrates; inorganic—(4) water, (5) salts. Water. Begin with water because it is the simplest of the food principles. Definition; constituents; solids and gases; taking—temperature for, when, object; boiling water—method, observations, effect of elevation, effect of constituents, result, Amount found in body, daily income and outgo, effect of increase or diminution in diet. Influence of water on digestion, on absorption, on metabolism. Uses in body. Coffee: uses and abuses; effect on digestion.

Practical work. Demonstration of measurements. Each member of the class makes coffee, and by groups (1) coffee by the cold method, (2) by the drip method, (3) coffee punch, (4) coffee egg nog.

Lesson 2. Theory. Mineral food, mineral waters. Salts: amount found in the body; necessity in food; food value in heat, energy, tissue building. Kinds: calcium, sodium, phosphorus, magnesium, iron sulfur, potassium; uses of each in body. Vegetable acids: oxalic, citric, malic, tartaric. Mineral waters: where found, chemical constituents, when and how taken, uses in the body. Kinds: alkaline waters, alkaline sulfur waters, alkaline and saline purges, chalybeates, acidulous, other waters such as arsenic and alum. Practical work. Each member applies flame test for sodium, potassium, calcium, strontium, by borax bead and brunsen burner and by groups: (1-2) fruit syrups with carbonated waters, (3) egg lemonade, (4) claret cup, (5) fruit punches, (6) fruit albumen, (7) apple water, (8) fruit egg nog.

Lesson 3. Theory. Carbohydrates: source, composition, food values. Starch and dextrine: sources, physical properties, under the microscope, digestion, food value.

Practical work. Each member scollops oysters, toasts bread and applies cream sauce and by groups make (1) milk punch (2) junket.

Lesson 4. Theory. Cellulose: composition, structure, use in

dietary, digestion, when allowed or forbidden. Cereals and vegetables: sources, composition, structures, forms used for food, comparative amounts of cellulose to remove cellulose, digestion, food value.

Practical work. Each member bakes a potato, one-half the class boils rice, one-half cooks a vegetable to be served with cream sauce or melted butter, and by groups prepare (1) a breakfast cereal in large quantities (2) a gruel.

Lesson 5. Theory. Nuts and legumes: sources, composition, structure, cooking, digestion, food value.

Practical work. Each member makes cream soup of either green peas, lima beans, split peas, almond meal or lentils, and by groups: (1) toasted almonds, (2) salted peanuts, (3) macaroons, (4) almond gluten cakes, (5) nuttose.

Lesson 6. Theory. Sugar: comparison of sucrose, glucose, levulose, lactose; source, preparation, composition, properties, digestion, food value. Fruits: dried, fresh, preserved; source, composition, structure; cooking, digestion, food values.

Practical work. Each member makes cranberry jelly; bakes an apple, and makes peanut brittle and by groups: (1) scalloped apples, (2) lemon sauce, (3) apple sauce, (4) stewed dried fruit.

Lesson 7. Theory. Fats and oils: sources, composition, structure digestion, cookery, food value; selection for an invalid. Salads: vegetables used, food values; salts and cellulose present. Calorie: definition, how determined, calories in certain weight of food principles.

Practical work. Each member makes vegetable salad, French or Chinese dressing; cream of potato soup, and by groups four fruit salads.

Lesson 8. Theory. Proteids: composition, divisions, necessity for, sources. Milk: source, composition of human and cow's milk, digestion, effect of heat, food value.

Practical work. Each member makes cocoa and by groups modify milk by (1) albumenizing, (2) peptonizing, (3) pasteurizing, (4) sterilizing, (5) cocoa punch, (6) cocoa egg nog.

Lesson 9. Theory. Eggs: composition, structure, selection, preservation, cookery, tests, digestion, food value.

Practical work. Each member makes a custard, and an omelet, and by groups prepare eggs (1) hard boiled, (2) soft boiled, (3) creamy, (4) shirred, (5) in tomato sause, (6) in nest, (7) scrambled.

Lesson 10. Theory. Study of albumen, myosin, fibrin, cod-fat, suet, marrow, mineral matter. Meat: structure, composition, waste, selection of cuts, broiling, roasting, pan broiling; digestion, food value.

Practical work. Each member makes a raw beef sandwich, or a

beef salad and by groups (1) roast chicken, (2) broiled steak, (3) mashed potatoes.

Lesson 11. Theory. Study of gelatin, kreatin, kreatinin. Composition of stock, broth, peptonized beef broth, beef juice. Fish: scaly, white, oily, examples; shell, mollusks, crustaceous, examples; how to determine fresh fish; composition; cookery—object, method, effect; digestibility.

Practical work. Each member makes clam broth and by groups (1) plain and peptonized beef broth, (2) beef juice, (3) stock, (4) oyster stews.

Lesson 12. Theory. Commercial forms of gelatin; source, composition, digestion, food value, methods of using.

Practical work. Each member makes plain jelly and snow pudding, or charlotte russe and by groups mix bread.

Lesson 13. Theory. Wheat: structure, composition, milling, gluten, use in bread. Yeast: growth, structure, action upon sugar. Bread: process of making, composition, digestion, food value.

Practical work. Each member molds and bakes rolls and bread sticks, pan-broils chops, and by groups make (1) chocolate, (2) whipped cream, (3) pulled bread.

Lesson 14. Theory. Effect of freezing mixtures and use of ice cream freezer. Ice cream: composition, digestion, food value, use for invalid.

Practical work. Each member makes small amount of ice cream or water ice without freezer also a small sponge cake and by groups a large amount of ice cream in freezer.

Lesson 15. Theory. Dietary standards: how obtained, how modified, practical applications. Dietaries: amount determined by occupation, age, size and weight, climate; composition by occupation, age, climate idiosyncrasies, health; cost by composition, season and location.

Practical work. Review by groups soft and liquid diets assigning new preparations to the various divisions, and by groups various gruels.

Lesson 16. Theory. Children's diet: first year—amount and composition, weaning; second year—kinds; third and fourth year—hours; adolescence.

Practical work. Prepare by groups (1) a breakfast for a convalescent man, (2) a dinner for a convalescent woman, (3) a supper for a convalescent child.

Lesson 17. Theory. Review by carbohydrates and extractives,

comparison of food value of carbohydrates and fats, digestion of fats, amounts of fats absorbed, amount of extractives allowed. Study of cheese, white meats, fish, eggs, cream, olive oil, gluten flours, saccharine.

Practical work. Prepare by groups: (1) cream soups and sauces, thickened with egg; (2) pan broiling of chops; (3) fish; (4) cabbage with butter; (5) celery in cream and codfish in cream; (6) gluteroni with cheese and tomatoes; (7) desserts with saccharine, gluten bread, wafers and nut cake; (8) diabetic milk, and salads.

Lesson 18. Theory. Review by extractives, nuts and legumes, comparisons of vegetable and animal proteids and substitutions in dietary.

Practical work. Prepare by groups: (1) cream of legumes and vegetable soups; (2) broiled and baked fish; (3) creamy rice pudding; (4) vegetables; (5) creamed chicken.

Lesson 19. Theory. General and abdominal fevers or operations, food principles needed in diet, digestion in fevers, absorption of and residue from the following foods: milk, eggs, soup stock, broths, meat and fish juices, malted and peptonized foods, gruels.

Practical work. Prepare by groups: (1) milk fortified by fresh or dried albumen; (2) somatose; (3) plasmon; (4) albumen with fruit juices; (5) ice cream with plasmon; (6) use of malted milk.

Lesson 20. Theory. Questions on theory of course and on practical cooking; answers to be written and marked on a scale of 10, viz., results 5, neatness 3, deftness 2.

Practical work. Each pupil to be given a recipe with ingredients and proportions only, but no method, and to work without instructions and by groups: (1) three pupils prepare a breakfast tray; (2) one prepare fruit and set tray; (3) one prepare omelet; (4) one prepare toast and coffee; (5) three prepare dinner for convalescent; (6) one make salad and set tray; (7) one broil chop and cook potatoes; (8) one make clam broth and cook vegetables.

Practical review (suggestive). (1) Two pupils prepare luncheon for diabetic; (2) one make gluten wafers and set tray; (3) one make cream soup with egg thickening.

INTERMEDIATE TERM. The eight lessons each in obstetrics and in children's diseases and the 12 lessons in materia medica are planned for Mondays from 4 to 6 p. m. from the first week of January and the last week of August.

Obstetrical nursing. To be eligible for registration the school

must provide that each nurse have the care of not less than six cases, during labor and through the puerperium; general hospitals unable to afford this minimum training should affiliate with an obstetrical hospital.

The eight practical lessons should include:

- 1 The preparation of room and patient for normal labor
- 2 The preparation of patient for different positions for examination or delivery
- 3 The massage and treatment of the breasts
- 4 The application of the band
- 5 The baby's first bath
- 6 The care and management of the incubator
- 7 The special care of the baby's eyes, nose, mouth, and genitals
- 8 The preparation of the baby's food

The eight theoretical lessons should include:

- 1 Anatomy and physiology of the reproductive system
- 2 Pregnancy and labor; care required during those periods
- 3 Care during the puerperium under normal and abnormal conditions
- 4 (a) Obstetric operations. (b) Presentations and positions
- 5 Obstetric complications during and after labor.
- 6 The care of the new born infant
- 7 Infant feeding
- 8 The care of premature infants

Nursing of children. Students of registered schools connected with children's hospitals should serve a six months term in an adult hospital including the required training in obstetrical nursing.

The question of the limitation of childhood and children's diseases has arisen in the administration of the hospitals and it is assumed that most hospitals draw the line at the 14th year, and 5 years of age is the usual demarcation for infant diseases.

The eight practical lessons in the nursing of children should include,

- 1 Artificial feeding; the care of bottles, utensils etc.
- 2 Methods of mild restraint for delirious children, or for children with skin diseases
- 3 Children's dosage
- 4 Tubbing of children without fright
- 5 Disinfection of room, utensils, patient and nurse during and after contagious illness
- 6 Care of intubation and tracheotomy tubes
- 7 Irrigation of throat in diphtheria
- 8 Inhalations, vapor, steam and hot air apparatus

The eight theoretical lessons in the nursing of children should include:

- 1 The preliminary study of infancy and childhood. Dietaries up to 7 years. General hygiene. Dentition
- 2 The diseases of nutrition; rachitis, marasmus; the alimentary tract, stomach and intestines
- 3 The internal organs, kidneys, liver, heart
- 4 The mouth, air passages, lungs
- 5 Diseases of the skin, blood and glands
- 6 The eye and the ear; nursing technic
- 7 Nervous diseases
- 8 The unclassified diseases

Materia medica. The 12 lessons of the intermediate term should be introduced by a review of the instruction given in the preliminary.

- 1 Classification, source, appearance and action of drugs; alkalines; alkaline earths; the metals
- 2 Nonmetallic elements; inorganic and organic acids, carbon compounds
- 3 The vegetable kingdom; the animal; miscellaneous drugs
- 4 Materia medica. Remedial agents and their uses: heat, cold, light, air, electricity, water, serums, transfusions; pharmaceutic terms
- 5 Dosage; idiosyncrasy; toleration; habit; hypnotics; how and when to give doses; trional; veronal; sulfonal; sodium and potassium bromide; chloral hydrate; codeine
- 6 Cathartics: how and when to give doses, physiologic action; castor oil; calomel; cascara; compound licorice powder; Epsom salts; Rochelle salts; seidlitz powder
- 7 Heart stimulants; doses, whiskey; brandy; strychnine sulfat; aromatic spirits of ammonia; coffee; camphor; digitalis; nitro glycerin; normal salt solution
- 8 The use of opium and its preparations: alkaloids; physiologic action; precautions in its use; morphine, its preparation and doses.
- 9 The use of belladonna, aconite and nux vomica; physiologic action; precautions
- 10 Physiologic actions and constitutional symptoms of the more important drugs, their preparations and doses: iron, arsenic, mercury, alcohol, quinine, potassium iodide
- 11 Ether, chloroform, cocain, digitalis, stropdanthus, colchicum
- 12 Carbolic acid, coal tar preparations, as antipyrin, phenacetine, etc.; salicylates; saccharin

c

SENIOR TERM. The 16 lectures of the graduating class are planned for Wednesdays from 5 to 6 p. m. and should be given by physicians Medicine. The four lectures should include:

- 1 Acute medical diseases
- 2 Chronic medical diseases

- 3 Nervous diseases
- 4 Medical emergencies; common poisons and their antidotes

Bacteriology and Surgery. The four lectures should include:

- 1 Cell life; the germ theory; principles of aseptic and antiseptic surgery
- 2 Disinfectants and germicides; disinfection and quarantine; healing of wounds, varieties and treatment
- 3 Anesthetics and their administration; care of patients before, during and after operation
- 4 Emergencies, shock, hemorrhage etc.; diagnosis and treatment of fractures, dislocations, contusions and sprains

Obstetrics and Gynecology. The four lectures should include:

- 1 Anatomy and physiology of the pelvic organs; signs of pregnancy; normal labor, its physiology and management both in hospital and private practice
- 2 Special complications and emergencies in obstetric cases
- 3 Care of puerpera and new born infant
- 4 Diseases to which women are liable; nursing, including laparotomy cases

Children's diseases and Contagious nursing, The four lectures should include:

- 1 Children's diseases: noncontagious class; symptoms and preventive treatment
- 2 Hydrotherapy; elimination of toxin; the exanthemata
- 3 Diphtheria and the infectious fevers; emergencies, complications and sequelae
- 4 Inoculable and specific diseases; tuberculosis; epidemic cerebro-spinal meningitis

TEXTBOOKS. The textbooks recommended for the course and reference works for the nurse training school library should include:

PRACTICAL NURSING

ROBB. Principles and Practice of Nursing. E. Koeckert, 702 Rose Bldg, Cleveland, O. \$2.

WEEKS. Text Book on Nursing. Appleton & Co. 436 5th av. New York. \$1.75.

MATERIA MEDICA

DOCK. Materia Medica. G. P. Putnam's Sons, 27-29 W. 23d st. New York. \$1.50.

GROFF. Materia Medica for Trained Nurses. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.25.

DIETETICS

FARMER, FANNIE M. Food and Cookery for the Sick and Convalescent. Little, Brown & Co. Boston, Mass. \$1.50 net.

FRIEDENWALD & RUHRAH. Dietetics for Nurses. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$1.50 net.

PATTEE, ALIDA F. Practical Dietetics with reference to Diet in Disease. Alida F. Pattee, 52 W. 39th st. New York. \$1 net.

BOLAND. Handbook of Invalid Cooking. Century Co. 33 E. 17th st. New York. \$2.
CONN'S Bacteria, Yeasts and Moulds. Ginn & Co. New York. \$1.

THEORY AND ETHICS OF NURSING

ROBB. Nursing Ethics. E. Koeckert, 702 Rose Bldg. Cleveland, O. \$1.50.
NIGHTINGALE. Notes on Nursing. Appleton & Co. 436 5th av. New York. 75c.

MEDICINE

STEVENS. Practice of Medicine. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$2.50 net.
HUGHES. Practice of Medicine. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$2.50.
WILLIAMS. Essentials of Practice of Medicine. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$1.75.
WILCOX. Fever Nursing. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.
OSLER. Practice of Medicine. Appleton & Co. 436 5th av. New York, sold on subscription. \$5.50.

SURGERY—GYNECOLOGY

ECCLES, W. McADAM. Elementary Anatomy and Surgery for Nurses. E. R. Pelton, 19 E. 16th st. New York. \$1 net.
DAVIS. Obstetric and Gynecologic Nursing. Saunders & Co. 925 Walnut st. Philadelphia, Pa. \$1.75 net.
VOSWINKEL. Surgical Nursing. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.
DAVIS, G. G. Principles and Practice of Bandaging. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1.50.

OBSTETRICS

COOKE. A Nurse's Handbook of Obstetrics. J. B. Lippincott, Washington sq. Philadelphia, Pa. \$2 net.
DE LEE. Obstetrics for Nurses. Saunders & Co. 925 Walnut st., Philadelphia, Pa. \$2.50 net.

CHILDREN'S DISEASES

WHEELER. "The Baby"—His Care and Training. Harper & Brothers, Franklin sq. New York. \$1 net.
ROTCH. Pediatrics. J. B. Lippincott, Washington sq. Philadelphia, Pa. \$6 net.
SACHS. Nervous Diseases of Children. William Wood & Co. 51 5th av. New York, \$4 net.
HOLT. Care and Feeding of Children. Appleton & Co. 436 5th av. New York. 75c net.
DAVIS, A. E. & DOUGLASS. Eye, Ear, Nose and Throat. F. A. Davis Co. 1914-16 Cherry st. Philadelphia, Pa. \$1.25.

ANATOMY AND PHYSIOLOGY

KIMBER. Anatomy and Physiology for Nurses. Macmillan Co. 64-66 5th av. New York, \$2.50.
GOULD, S Medical Dictionary—30,000 words. Blakiston & Co. 1012 Walnut st. Philadelphia, Pa. \$1 net.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



THE DISEASES OF INFANCY AND CHILDHOOD. For the Use of Students and Practitioners of Medicine. By L. Emmett Holt, M. D., Sc. D., L. L. D., Professor of Diseases of Children in the College of Physicians and Surgeons (Columbia University), New York; Attending Physician to the Babies' and Foundling Hospitals, New York; Consulting Physician to the New York Infant Asylum, Lying-In-Hospital, Orthopedic, and Hospital for Ruptured and Crippled. D. Appleton Company, New York and London. Price \$6.00.

The third revised edition of Dr. Holt's book appears with many alterations, notwithstanding the short time since the second revised edition appeared, less than three years.

Not often has a book of this kind made such a record, having passed its fiftieth thousand. The changes in this edition while they do not touch upon the subject matter particularly important to nurse students, cannot fail to make the new edition interesting, giving it in some degree the claims of a new book. The didactic, preceptive and instructive features of our old friend remain untouched. A veritable sheet anchor in times of doubt,—none of the latitude that is useless to guide. If it be only the temperature of the ordinary living-room it is given at one certain degree—no variation for personal preference so much as mentioned, the inference being that there is just one degree right. The same admirable exactness is shown in suggestions for treatment under varying circumstances. If the order be a mustard-pack, there follows the rule—the exact quantities of water *and* mustard, the temperature of the water, the manner of applying the pack, the number of minutes the application is to remain, and so it goes, the careful teacher visible on every page. These are some of the reasons why Dr. Holt's book has been so popular with nurses, who make a large and appreciative class of his readers.

OPERATIVE SURGERY. By Joseph D. Bryant, M. D., Professor of the Principles and Practice of Surgery, Operative and Clinical Surgery, University and Bellevue Hospital Medical College; Visiting Surgeon to Bellevue and St. Vincent's Hospitals; Consulting Surgeon to the Hospital for Ruptured and Crippled, Woman's Hospital, and Manhattan State Hospital for the Insane; former Surgeon-General of N. G. N. Y.; Fellow of the American Surgical Association; Member of the International Society of Surgeons, and American Medical Association, former President New York Medical Association, and of the New York Academy of Medicine; President of the New York State Medical Society, Appleton and Company, New York and London.

One of the most marvellous features of life in America and more particularly in New York is shown in the continual need of reconstruction and readjustment of what seems to be permanent and lasting work. Nothing stands still, and those who purpose keeping abreast with the times must be up and doing. The entire revision of such a monumental piece of work as Bryant's Operative Surgery forces one to realize the impossibility of ever seeing the completion of any great task; getting to the end in most instances means turning back to the beginning. This fourth edition contains enough new matter to make a decent-sized volume in itself, and it also shows over two hundred illustrations that are new.

HANDBOOK FOR ATTENDANTS ON THE INSANE. Pub. Bailliére Tindall & Cox, London, W. T. Keener, Chicago.

The fourth edition of this little book, which is published under the authority of the Medico-Psychological Association of Great Britain and Ireland, comes to us through the kindness of Messrs. Keener, of Chicago. Although it seems to be a most popular manual in its own country, having reached its twenty-fifth thousand, it will hardly take root on being transplanted to this soil. To the American mind there is a vast and unaccountable hiatus between the source of its being and the book, so slender of caliber, so petty in detail. Granting that it be, as seems probable, the work of a veteran attendant, why does it appear under the imposing seal of the Medico-Psychological Association? Our brains refuse to comprehend the idea of this august body making poultices (very poor ones they make by the way), or cleaning the filthy head of a poor neglected patient. It is but a poor little affair of a book, even counting all its better features, and one

closes it, irresistibly reminded of the old proverb about the mountain being in labor and bringing forth a mouse.

LECTURES UPON THE NURSING OF INFECTIOUS DISEASES. By F. I. Woollacott, M. A., M. D., B. Ch. Oxon., D. P. H., Pub. Scientific Press Ltd., London.

This little book, another contribution from the "Old Country," will be found very agreeable reading, though not presenting any new features in the nursing of infectious diseases. It is strictly a book for nurses and may safely be left in the hands of the most youthful probationer. The author explains in the preface that he has been mindful of the temptations of the average nurse: "The question of treatment has presented some difficulties, as books intended for nurses are sometimes condemned for dealing with matters which strictly belong to the province of the medical man. While fully admitting, however, that it is not the duty of the nurse to originate treatment, it must be a matter of general experience that it is sometimes very convenient when she is sufficiently well-informed to anticipate and prepare for the instructions that are likely to be given her.



FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



AN OUT-PATIENT AT THE INTERNATIONAL HOSPITAL AT NAPLES

Truly a boon for the sick traveller is such an institution as the International Hospital in Naples. Serious illness in an hotel is a costly affair, and even when money smooths the way, both uncomfortable and trying in many particulars, whilst as all wanderers on the Continent of Europe know to die in an hotel is expensive and inconvenient to the last degree. I remember an invalid, poor as regards worldly goods, telling me that for one cupful of beef-tea he paid two shillings in an hotel in Egypt. And an American woman who was taken ill at Shepheard's Hotel, Cairo, said that not only had she to pay a full price for board and lodging, but also, when unable to take any solid food, she was charged extra for all invalid nourishment. "In fact," she remarked, "I think that every time I rang the bell it was an item in my bill."

Take the case of a patient who sickens for typhoid fever on board train or steamer, on arrival at Naples he can be carried from the platform or the landing stage straight to the hospital. The Ospedale Internazionale, as its name indicates, is intended for all nationalities, but is chiefly used by English and Americans, as the Germans have their own hospital in Naples. There are three rates of payment for the patients, the ascending scale being six, ten and sixteen lire or francs per day, doctor and nurse included.

The villa, which is charmingly situated on the Via Tasso, far removed from the noise of one of the noisiest cities in the world, has a good-sized garden and terraces overlooking the Bay. The rooms, for I will not call them wards, are prettily and suitably furnished and, for the most part, open on to the terraces, which form ideal lounges for convalescent patients, commanding as they do a glorious view of the far-famed Bay of Naples.

There is a resident doctor, a matron, and three or four nurses. A nursing home better describes this little hospital, which has a de-

cidedly "homey" feeling in its atmosphere. My visit within these walls was not in the character of an inspector or even of a journalist. No, I was that nondescript creature, an out-patient; for, after consulting the doctor, his advice was that I should undergo a very slight operation which would not necessitate a residence, even of a day, in the hospital. The trouble was a cyst in the left eyelid, and the little affair was not exactly easy, for the lump was right in the corner of the eyelid; but, as the doctor had promised, I was able to walk away from the hospital about an hour afterwards. The operating room—one can hardly call it a theatre—is very small, though probably large enough for the requirements of the house. The doctor has a good-sized and comfortably-furnished consulting-room, with some pretty water-colour drawings and prints hanging on the walls. One charming little sketch, taken on the island of Capri by a Swedish artist, caught my fancy. Indeed, there were plenty of opportunities for examining the pictures and books in that room in my capacity of out-patient.

So well is the hospital thought of by those who know it best that many members of the English colony go in as patients when they are ill. Indeed, quite recently I was playing bridge with an English resident in Naples who was a patient in the hospital, and was ordered not to talk but allowed to play games. The doctor came in while we were playing. He does not know the game, but one of our party suggested that it was his duty to learn in order that he might take a hand when required.

Doctor and matron are German, but they speak and understand English very well. One of the nurses is a Swede, but at least one of the others is English. The hospital is managed—and very well managed—I am told, by a committee of the foreign residents.

One other point I wish to mention with regard to the establishment of International or English and American Hospitals or Nursing Homes, for sick travellers in foreign cities. I approach the subject gingerly, for it is an ungrateful one, yet still, I think, worthy of note. In most of the large Continental towns English doctors are established, and, as the majority of English and American tourists do not speak or understand any foreign language well, for this reason only, apart from any other, they prefer to send for an English doctor when ill. His usual fee in Switzerland or Italy is twenty francs or lire a visit, whereas most Swiss and Italian general medical practitioners charge five lire a visit. If these English doctors were on a higher platform of medical knowledge and skill than their foreign brethren, this would be all very well, but it cannot be said that such

is usually the case. It is argued that an English doctor understands an English constitution better than the foreigner can. But it is just as easy to argue that a Swiss doctor, for instance, understands the effect of Swiss climatic conditions on an English patient better than a stranger (English) can.

In conclusion, I would observe that "lookers on see most of the game," and I do not believe that I have stated the case in favour of International Hospitals for sick travellers, on the lines of the one already in existence at Naples, too strongly. Also it should be borne in mind that the English-speaking races constitute the majority of these travellers.

RAY MERTON, In the *British Journal of Nursing*.

The *British Journal of Nursing* of March 3, 1906, says: "It is with much pleasure we announce that the Council of Queen Victoria's Jubilee Institute for Nurses has decided that the qualifications as to hospital training for Queen's nurses shall be raised from two to three years at approved hospitals or infirmaries, to include at least two years in a general hospital or infirmary. When the Institute was founded in 1887 the minimum qualification was one year's training, which was later raised to two, and while many Queens' nurses have held three years' certificates, the now obsolete two years' standard has been that officially sanctioned. It will be possible under the present regulation for one year of the nurse's training to be spent in special hospitals where she can obtain experience in maternity, gynaecological, or infectious work, and knowledge of these branches is specially desirable in a district nurse, whose work brings her in contact with so great a variety of cases."

Mr. Sidney Holland, who is really so good and kind that he cannot help being a little bit grandmotherly, gives the nurses of the London Hospital talks which are unapproached by those of any other hospital mentor. To be sure one cannot deny the sound sense at the bottom of his remarks, but they do sound quaint. Here are some of his pearls of advice:

On Hairdressing: "There is a tendency," he says, "since fringes have become unfashionable for nurses to do their hair in rather too elaborate a way. It is an absolute fact, believe me or not as you like, that there is no good nurse who overdresses her hair, and there is no

bad nurse who does *not* overdress her hair. When he sees a nurse with her hair done like a barmaid he knows for an absolute certainty that she is not a good nurse.

How to Wear the Cap: "It does not look very nice to see a cap put right at the back of the head, and we must all wear our uniform in the proper way," so outside the sitting-room he has had a large looking-glass placed. That is called "the cap straightener," and in it all nurses may see whether their caps are straight, or whether they are too far back.

Slang in Reports: B. I. D. for "Brought in Dead" and "Dotty" are, he considers, permissible expressions, but he draws the line at "fitting" and "hæmorrhaging." Only such terms, he says, should be used as outside doctors will understand. We would say that on a point of such odiously bad taste he might have been much more severe.

The Probationer's Failings: Probationer Slap-dash has, we are told, improved somewhat as to breakages, but she still rushes at her work and puts a thing down here, down there, without any thought at all. "The other day at dinner-time there was a patient who could only get relief from his suffering by lying on his face. She got his dinner, plumped it down in the middle of his back, and ran away again—perfectly willing—no harm in her, but nobody wants their dinner put in the middle of their back." Could the good man have made this up?

The Australasian Trained Nurses Association has completed, and instituted, its central examinations, which will hereafter be passed before membership is conferred. The nurses naturally feel rejoiced over this consummation of their long work in organization, and their "Journal" now looks forward hopefully to a Federal Nursing Council to unite the Australasian and the Victorian associations.

Bromley, in Kent, has a hospital called the Lady Margaret Fruitarian Hospital. No meat diet is ordered, though it may be provided if the Medical Staff consider it necessary. It is considered that both medical and surgical cases do better on the fruitarian (vegetarian?) diet. All the work of the hospital is done by the nurses, who are instructed in the preparation of "fruitarian cooking."

The recent appearance of a woman in nursing uniform in the police court of Auckland, New Zealand, on the charge of theft, was followed by a statement in the public press from Mrs. Grace Neill, the assistant registrar of nurses, showing that the woman was not a registered nurse.

H. H. the Sultan of Zanzibar has shown his appreciation of the services of Miss Brewerton, matron of the Hospital of the Universities Mission, during the plague by presenting the hospital with a horse and carriage.

An official document issued from the offices of the Apostolic Visitations gives the Pope's approval to the work of providing a home in Rome in which only English-speaking patients will be received. It will be conducted by a community of nuns known as the Little Company of Mary, who are also British.



NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



DEATH FROM THIRST.—The *Journal of the American Medical Association* says: “Dr. W. J. Mc Gee, director of the St. Louis Public Museum, formerly chief of anthropology of the Louisiana Purchase Exhibition, discussed this subject before the St. Louis Medical Society. He has recently made observations in the arid regions of Arizona, and he reported the case of a Mexican who was lost in the desert without drink for eight days. He traveled 108 miles in a stuporous condition and, half dead, finally stumbled into Dr. McGee’s camp, where he was revived after great difficulty. Dr. McGee called attention to thirst as a disease, treating of physiologic thirst, thirst beyond physiologic limits, and thirst *in extremis*. The last might be called living death; death of the tissues takes place from below upward, owing to the impoverished state of the blood and to want of circulation. The victim’s toes drop off and breaks in the skin do not bleed because of the non-fluid state of the blood.”

IMPROVED CATHETER TO PREVENT CYSTITIS.—The *Journal of the American Medical Association* quoting from a German contemporary says: “Gersuny ascribes to mechanical injury of the bladder-wall a certain proportion of the cases of cystitis that develop after repeated catheterization. In order to prevent this he uses a short curved glass catheter with a projecting shoulder, which prevents its entering beyond a safe distance. In 35 cases in which this catheter was used after operation, cystitis developed in only one instance, although slight urethritis was observed in 4 cases. The patient with cystitis had required catheterization thirteen times and the others four or five.”

MASSAGE OF THE STOMACH IN FLATULENT DYSPEPSIA.—This procedure is commended in the *Lancet* by H. Stratham, who records the case of a man in whom the attacks of flatulency came on with-

out apparent cause, often lasted several hours, and produced severe prostration. All drugs were without effect. Finally vigorous kneading movements of the stomach were made and sounds could be elicited suggesting the passage of gas from the stomach into the duodenum. Later the gas was passed per anum. The explanation of the relief afforded is that the stomach was paralyzed by its extreme distention which was relieved by the kneading movements.

IVY POISONING.—E. S. McKee in the *Therapeutic Record* says he has found that considerable relief is afforded in this condition by the use of lead and opium wash, but more prolonged comfort is obtained by dusting the whole body with rice powder. Comfort may also be secured by the application of a thick lather of laundry soap. For stopping the burning and itching and checking the spread of the disease, a useful mixture is compounded as follows: alcohol, 53., distilled water, 47., lead acetate, enough to make a saturated solution. For the nervous symptoms, thirty-grain doses of bromide of sodium with two drops of Fowler's solution to each dose may be given four to six times a day. To protect the desquamated areas and aid the growth of new skin applications of olive oil and lanolin, saturated solutions of iodide of potassium, tartar emetic, and sodium bicarbonate weak carbolic acid solutions, and thymol iodide in powder or ointment, are all useful. When one has been exposed to the poison it is advisable to wash the parts several times with dilute alcohol.

OLDEST ARTIFICIAL LEG.—What is said by the *British Medical Journal* to be the oldest artificial leg in existence is now in the museum of the Royal College of Surgeons of England. It was found in a tomb at Capua, and is described in the catalog as follows: "Roman artificial leg; the artificial limb accurately represents the form of the leg; it is made with pieces of thin bronze, fastened by bronzed nails to a wooden core. Two iron bars, having holes at their free ends, are attached to the upper extremity of the bronze; a quadrilateral piece of iron, found near the position of the foot, is thought to have given strength to it. There is no trace of the foot and the wooden core had nearly crumbled away. That skeleton had its waist surrounded by a belt of sheet bronze edged with small rivets, probably used to fasten a leather lining. Three painted vases (red figures on a black ground) lay at the feet of the skeleton. The vases belong to a rather advanced period in the decline of art (about 300 years B. C.)."

DIET IN TYPHOID.—Dr. Thomas A. Clayton, in the *Medical Record*, advocates a more liberal diet in typhoid fever. He says all food which is properly prepared and digested reaches the ileum, the most common seat of greatest inflammation, in a more or less fluid form. It should be free from strings and stones and skin and bones. We have twice as much to fear from the inability of the patient to withstand the severity of the infection as we have from the intestinal lesions, therefore the strength should be supported by proper food, the patient being kept in the best possible condition to withstand the ravages of disease. Milk and broths are given until the more acute symptoms subside. As soon as the patient is hungry a soft-boiled or poached egg is allowed, then jelly or blanc mange, custard, soft-toast, the carefully selected soft part of baked apple, and rice which has been boiled for four hours. At last scraped beef, or scraped chop, very finely divided chicken and baked potato, the latter only when digestion seems especially good. This diet is not advocated for indiscriminate use, but is advised for careful trial. Milk alone often causes tympanitis, leaves a large residue after digestion, and is more apt to cause impaction than any other food. Hunger should not be permitted to cause discomfort.

FORMALDEHYDE DISINFECTION.—The *Medical Record* says: "The Illinois State Board of Health has been conducting a series of experiments in its laboratory in formaldehyde disinfection, and as a result the board now feels justified in recommending formaldehyde for use in disinfection after contagious diseases, if employed with potassium permanganate, and with 40 per cent. aqueous solution of formaldehyde. It believes that in properly sealed rooms positive and reliable disinfection can be secured by the use of three and one-half ounces of potassium permanganate and one pint of formaldehyde solution to each 1,000 cubic feet of air space."

FISH MEAT.—The *New York Medical Journal* in a synopsis of an article in *Zentralblatt Fuer Innere Medizin* says: "Rosenfeld concludes from his studies that the meat of fish makes as much muscular work possible as beef. It contains a greater percentage of proteids than beef and causes as long a feeling of satisfaction as the latter. It causes as much or less, but not more, urea as half. It is, therefore, to be recommended as a food, as well as beef, to peasants, athletes, and persons in the army and navy."

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

DEAR EDITOR: As a nurse of many years' standing I should like to answer an inquiry which appeared in your March JOURNAL, namely, What was to be done about washing baby's flannels and diapers? I notice at the close of the letter it was supposed that nurses must have settled these questions for themselves,—which no doubt we did or rather had to do in the earlier days of private nursing. For then we had nothing but our own common sense to guide us in such matters. Before the outbreak of the Spanish-American War in 1898 I had been engaged in private nursing in St. Paul for over ten years. A good deal of this nursing was obstetric work, but such small details as diapers and flannels never troubled me, nor do I think there can be any rules laid down which may be followed absolutely in all cases.

In a house where one or two nursery maids are employed one of these may safely be expected to take charge of both flannels and diapers, but where there are no such servants, the mother of the baby, as soon as she is able to do so, usually looks after these things herself,—for I am pretty sure she never thinks of calling the cook or the general housemaid to leave her work and come and do what after all is such a simple thing, and though she may perhaps not wash the flannels, she at least rinses out the diapers before sending them to the laundry on the regular wash day. In these days of modern bathrooms with hot and cold water it is a simple matter to wash out the shirt and rinse out the diapers; larger things of course are sent down to the laundry. A trained nurse is expected to look after many details besides personally caring for the mother and child. The household affairs must have supervision, especially if there is no one to act except the servants; and so I think she should also be expected to look after baby's things if *necessary*. Such things certainly are no worse nor as bad as many other things which are apt to come up for her to do. However, if either mother or child needs the nurse's whole care and thought, then no one can blame her for letting other things go. It always seems absurd to me to have questions come up as to such

simple every-day affairs—what shall we do, or not do—for these are questions which every thoroughly trained nurse settles for herself. In many homes I have not only rinsed out diapers but also cooked the family Sunday dinner, and in other homes I have practically nothing to do except the most scientific part of the nursing for the mother and to give the baby its morning bath, but I am pretty sure I was looked up to and respected in the former homes as much as in the last mentioned.

Obstetrical nursing in private homes is and always will be very different from either medical or surgical nursing, for here the mother and head of the house is unable to look after things for herself; therefore the nurse really takes her place in the household, so I am sure no fixed rule can be laid down to suit each individual case. As for taking the baby out in the baby-carriage, I should say that when the baby is ready to be taken out for a daily ride in a carriage it is about time for the nurse to exchange her case for another, unless she has consented to stay on for a long time, and if so she will certainly have to make rules for herself, as graduate nurses do not usually care to remain when there is no actual nursing to be done.

We very often hear servants say that such and such work does not belong to them. We as a body of educated women and graduate nurses should be above any such saying. We do not lower our standard but rather raise it by not hesitating to do a few extra things that often help to bring on our patients speedy recovery. Those two noble women Florence Nightingale and Clara Barton never stopped, I am sure, to consider if it was proper to do one thing or another for their patients if they thought that by doing some certain thing they might make them more comfortable. So why should we? Time and again I have seen some of our busy physicians perform many little acts for their patients which they were never paid for or expected to do, and the medical men as well as others will only trust and respect us the more for doing what we can, when there is need for it.

One more question: Is the nurse expected to wear her uniform on the street if she takes the baby out? In my training-school I was taught that it was entirely against all surgical cleanliness, in the first place, to do so, and that no nurse unless she did district nursing should never wear a uniform on the street; besides this, it was not considered good taste to publish our identity on the street. About which I am very sure all nurses will agree with me.

I. E.,
St. Paul, Minn.

DEAR EDITOR: The Over-trained Nurse was the subject of an amusing and somewhat instructive evening's entertainment given at the Academy of Medicine, New York, March twenty-ninth. The audience was composed of equal parts of trained nurses and doctors, but the speakers were all doctors, except Miss Samuel, superintendent of Roosevelt Hospital Training School, who was allowed in a paper to define and defend the present methods of training.

One doctor said that trained nurses were deserving poor women who had given up two years to be trained for a work which none could pursue more than ten years, and ridiculed the idea of their now being required to give three, or as in one school in Boston, four years to the training. He said that they could imbibe but little knowledge after twelve hours of mechanical labor, and that legislation for nurses interferes with the independence of hospitals, and will prove but a boomerang for the nurses who have thus formed a trust or trade-union to the exclusion of humbler attendants.

I can only speak for myself, John, but I'm one of those "deserving poor women" who chose for my life-work that of nursing, and after giving two years to the training, (which I had expected would be a sort of college training for a practical life) I have pursued it uninterruptedly for twenty years, continuing to study many things needed in my work, which could not be crowded into those two busy years. It was no mechanical labor, but a calling that stirred heart and mind, and created an enormous appetite for more knowledge of the reasons for and the methods of doing best, the work that my hands found to do.

As for legislation for nurses interfering with the independence of hospitals, I am not yet convinced of the independence of hospitals or their ability to be self-governing. Certainly they are not financially independent, and comparatively few can furnish training worth the time required, and are merely deceiving the public and their pupils by pretending to *fully* train nurses. They are at liberty to continue to do the work which they can really do well, and many doctors and patients will prefer for special cases these specially trained nurses. These nurses are only excluded from pretending to "know it *all*," which will hereafter be the exclusive privilege of those duly numbered and registered nurses who are willing to be "over-trained." If the doctors sneer at registration as a trust, why are they so anxious to control it themselves?

They said that trained nurses should not be self-governing, but

controlled as one department of hospital management. (Are there enough such heads to man the hospitals and undertake the management of this class of women, who have been so admirably self-governing?)

One doctor spoke of the progress of "the petted trained nurse," for whom we now supply palatial homes instead of the uninviting rooms off the wards, and the simple sick-nurse has become in a quarter of a century, the professional nurse of whom the R. N.'s are the fortunate ones excluding all others. Did women ever obtain anything worth having without having opposition from men? Unlike others, nurses have been "united as one man" in quiet persistence in their highest aims, which were unselfish, and for the good of all, that each may be what she seems to be.

It was said that a good nurse was apt to be a poor ward-keeper and that a deterioration in ward-work has accompanied her progress, but I think that her care of the *patient* instead of the *bed* makes her a better nurse than the one whose bed-clothes were so tightly strapped as to cause talepes, though her ward was perhaps less "trim."

There were strong arguments against teaching nurses as much as some doctors know, but can she to whom the care of the human body is intrusted, know too much of its construction and functions? or an engineer too much of his engine?

One doctor wanted permanent head-nurses and a closer relationship between staff and school. It was fun to see the backs of the superintendents and their assistants straighten, and the doctors shrug or shake their shoulders at some of the suggestions. Examination questions were ridiculed because deep and searching and ended with "give treatment," but all doctors and nurses know that woe betides the nurse who presumes to even suggest giving treatment, lest she be given "absent treatment." Can it hurt her to know these latest fashions while she is laboriously trained to consider it the unpardonable sin of her profession?

They said she had displaced men and triumphed as a nurse but not as an M. D. Thanks! Most of us would rather be good nurses than poor doctors, and know at least enough to keep to the field in which we can excel.

The final consensus of opinion seemed to be that "the system, despite its short-comings, has been of great benefit ever since it was established," and that the *selection* of the nurse was of more importance than her training. One said that she must have tact, judgment and fine personal character, for he valued her most for her ability

to manage her environment, but felt that, like doctors and other professional dealers in misfortune, she would always be "a tolerated nuisance." Another hoped that out of the thousand applicants in each large school, the twenty-five who graduated would be tender, but not too sympathetic, well-balanced women, with common sense, unity, liberality, and charity. All seemed to feel that if *What is best for the patient?* be kept ever first in the minds of both doctor and nurse, they will work harmoniously together for their common cause and the greatest good for all humanity.

GRACE FORMAN,

An R. N. but not an Over-trained Nurse.

DEAR EDITOR: As a graduate of eight years' experience in private nursing, fully half of which has been obstetrical, I thought I would answer the questions "Yearling" asks in her letter to you in the March JOURNAL.

When my patient employs a house laundress I do not wash the diapers, but when, as is usually the case with my patients, there is only a cook and housemaid, and laundress once a week, with the extra work that illness always makes in a household, I never feel that I can ask to have the diapers washed more than once besides on the regular washing-day. So the soiled ones are washed twice a week and I wash out the wet ones every second day. Where there is only one maid, and it has been necessary, I have washed the diapers myself, except on the regular washing-day.

I wash shirts, bands and stockings myself, because the supply of first flannels is usually limited and cannot be spared to be sent to the laundry. The flannel skirts which have to be ironed I do not wash, except in an emergency.

I do not know whether it is good form to wheel a baby-carriage on the street, but when I have been with a patient more than four weeks I have always wheeled the baby out, and often in my uniform. I am a graduate of St. Luke's Hospital, Chicago, whose nurses wear an out-door uniform.

This is my own way of doing these things, as I have never discussed the subject with other nurses. I think it would be found that the custom in any city would vary as much as the nurses themselves. It seems to me that to make a success of private nursing, obstetrical or other cases, one must adapt oneself to circumstances and individual cases.

A. A. A.

DEAR EDITOR: In the face of the awful calamity which has befallen San Francisco and its sister cities the censure and fault-finding heaped upon the Army Department and its Nurse Corps sinks into insignificance and by comparison with the present needs of the stricken districts impresses one as cruel and utterly selfish. *Now* is the time when the volunteer nurse service is needed and is it adequate to supply the demand? When we *want* to help do we stop to think about what is owing us? No, thank God, never! If the nurses of this country would spend more time thinking about what they owe and then follow up the result of such thinking with action, there would soon appear such a lofty tone to the profession and its interests as would leave no doubt in the minds of the public and Army Department as to what its duties were, for rest assured the nursing profession will *never* get its due until it goes about it in this way. Cannot we learn the lesson of helping? For this is of the "love which never faileth."

AN R. N.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

THE ASSOCIATED ALUMNÆ MEETING AT DETROIT

THE ninth annual convention of the Nurses' Associated Alumnae of the United States will be held in Detroit, Michigan, on Tuesday, Wednesday, and Thursday June 5, 6 and 7, 1906.

Headquarters of the convention will be The Young Women's Christian Association Building, corner of Washington Avenue and Clifford Street. Luncheon will be served there daily for 35 cents, providing notification is given the day previous.

At half-past eight on Tuesday morning, the delegates will present their credential cards.

"Affiliated Associations with large membership may send delegates with power to vote by proxy, such delegates to bear credentials showing the number of votes to which their organization is entitled.

"Permanent members shall bring credentials from their organizations. They shall be entitled to attend all general sessions of the annual meeting, and to participate in debate on professional and ethical subjects. They shall continue in these privileges so long as they remain in good standing in their organizations, and after attending three consecutive meetings they shall be entitled to vote, and shall be eligible for re-election as officers or delegates at any time.

"All nurses in good standing in affiliated organizations may attend all general sessions of this association, but shall not be entitled to the privilege of vote or debate. They shall present a card of admission signed by the president of their organization."

To obviate the contingency of dues not reaching the delegate, especially in the cases of the delegate residing in a city other than that in which her alma mater is located, it would be well to send checks on to the treasurer in advance of the day of meeting.

"Any nursing organization which shall neglect to pay its annual dues, (ten cents per capita, checks to be made payable to Anna Davids, treasurer) for any year shall not be entitled to send delegates to the annual meeting of this association of that year.

"Any organization which shall fail to pay its dues for two successive years shall cease to belong to this association."

The chairman of the committee of arrangements, Mrs. L. E. Gretter, of the Harper Hospital, Detroit, Michigan, submits addresses of hotels and will be glad to give any additional information needed by delegates, as will the secretary.

HOTEL RATES

Hotel Cadillac.--American plan, \$3.00 per day without bath; \$3.50 and \$4.00 with bath. European plan, \$2.00 to \$6.00 per day.

The Wayne Hotel.—American plan, \$2.50 and \$3.00 without bath; \$3.50 and \$4.00 with bath. European plan, \$1.00, \$1.50 and \$2.00 without bath; \$2.50 and \$3.00 with bath.

Griswold House.—American plan, \$2.00 and \$2.50 without bath; \$3.00 and \$3.50 with bath. European plan, \$1.00 and \$1.50 without bath; \$2.00 with bath.

Hotel Normandie.—American plan, \$2.50 and upwards; European plan, \$1.00 and upwards.

Hotel Ste. Claire.—American plan (only), \$2.50 without bath, \$3.50 with bath.

COMMITTEE ON ARRANGEMENTS

Mrs. L. E. Gretter, chairman, Harper Hospital, Detroit, Mich.; Mrs. Alice L Chambers, Miss Martha Aylesworth, Miss Melissa Collins, Miss Frances Drake, Miss Lulu H. Durkee, Miss Minnie Healey.

NELLIE M. CASEY, Secretary,
814 South Tenth Street, Philadelphia, Pa.

RAILROAD RATES—DETROIT CONVENTION

INSTRUCTIONS

The reduced rate will be in effect from Friday, June 1st, to Monday, June 11th. As the round trip rate is one fare and one third, there can be, generally speaking, no extension of time limit on the tickets. Members traveling from localities more than three days journey from Detroit, will be able to procure tickets before June 1st, but should apply to the agents some days before tickets are to be used. This is advisable too, in small or remote districts as certificates are not kept at all stations, and it may be necessary to purchase a local ticket to some station where the through ticket and the certificate may be obtained.

THE GOING JOURNEY

Ask for a through ticket, one way, with a certificate; do not make the mistake of asking for a receipt. If obliged to purchase tickets over several roads, members should procure a certificate with each ticket. As the ticket for the going Journey will be an "unlimited," stop overs may be made but none will be allowed on the return ticket except where changes of trains occur and at those points, probably one day may be allowed. The certificates should be presented to the chairman of Committee on Transportation on Wednesday, June 6th, and called for on the evening of that day. A fee of 25 cents is charged by the Michigan passenger associations' agent for each certificate signed by him.

THE RETURN JOURNEY

The certificates having been vised and signed, should be presented at the ticket office in Detroit at least one hour before the departure of the train, especially if there should be many leaving by the same train, as it takes some time to honor certificates and give out the return tickets. The Detroit and Buffalo Steamboat Co., will accept tickets reading via Michigan Central, Wabash or Grand Trunk Railways in either direction on the fare and one-third certificate plan? Fare one way is \$3.50, berth \$1.00 and \$1.25, state room accommodating three people \$2.50. Steamers leave Buffalo at 5.30 p. m. daily—arrive in Detroit at 7.30 a. m. Dinner and breakfast may be obtained on boat if desired. For the benefit of those in New York and vicinity, the following estimate is given and while the Hudson River and West Shore will grant same rate, the Lehigh Valley is quoted because of its scenic

beauty. New York to Detroit fare one way \$13.75, round trip \$18.35. The June schedule will have trains leaving 7.50 and 10.00 a. m., 12 m., 5.40 and 8 p. m. Should there be a sufficient number to warrant it, a special Pullman sleeping car will be provided. Members might purchase going tickets reading Lehigh Valley, West Shore or Hudson River as far as Buffalo, there take the Detroit and Buffalo Steamer, single fare to Buffalo not including Pullman is about \$9.25.

Further information or estimates will be sent any member on application.

MARY E. THORNTON,
201 W. 100 St.

AN INVITATION

THE nurses of Michigan extend a cordial invitation to all graduate nurses to attend the ninth annual convention, of the Nurses' Associated Alumnae of the United States, which is to be held in Detroit, Michigan, June 5, 6, and 7, 1906.

The program is of unusual interest, and the meetings have always been an inspiration to those who have attended them.

It is hoped that the attendance may be the largest in the history of the organization. The cause of state registration in Michigan would be greatly helped, by the show of enthusiasm on the part of graduate nurses.

Information as to railroad rates, hotels, etc., may be obtained from the chairman of the arrangements committee, Mrs. L. E. Gretter, Harper Hospital, Detroit, Michigan.

ROSE SMITH,
Secretary Wayne County Graduate Nurses' Association.

STATE MEETINGS

PENNSYLVANIA.—The Graduate Nurses Association of the State of Pennsylvania met at Altoona on April 18th and 19th. The first meeting at 2.30 p. m. was held in the Opera House. Owing to the illness of the president, Miss Whitaker, the first vice president, Miss Weir, of the South Side Hospital, Pittsburgh, presided.

PROGRAMME

Meeting called to order—Miss Weir; Prayer—Rev. H. H. Stiles, Altoona; Address of Welcome—Hon. S. H. Walker, Altoona; Music—Mr. H. J. Taylor, Altoona; Address—Rev. Father M. M. Sheedy, Altoona; Music, Miss Lafferty; "Why should Nurses join their Alumnae," Miss Giles, Pittsburgh; Address to Nurses, Dr. F. H. Bloomhart, Altoona; Address, "Legislation," Hon. J. Lee Plummer, Holidaysburg; Address, Dr. W. S. Ross, Altoona; Music, Miss Lafferty; "The A. B. C. of Registration," read by Miss Greaney, Philadelphia.

At the end of the programme Miss Weir in a graceful little speech thanked the speakers of the day, those who had rendered musical numbers, and others who had welcomed us to the Mountain City. She then read an invitation to a reception to be given on Wednesday evening at the new and beautiful nurses' home—also to a tea to be given on Thursday afternoon. These entertainments were given by the Board of Managers and Women's Auxiliary of the Hospital.

The executive sessions were held on Thursday. The second meeting opened at 10.30 a. m. and were entirely taken up with the reading of reports and the admission of 75 applicants to membership.

The third and final session opened at 2.30 p. m. The two most interesting topics under discussion were on the editorial in the April number of *The American Journal of Nursing* on "Skilled Nursing Care for the Great Middle Class." Each member present was made a committee of one to agitate the subject in their own neighborhood. The second topic was the menacing aspect of the short course and correspondence schools of nursing.

The annual meeting of the Association will be held at Philadelphia, Pa., on October 17, 18 and 19.

MAUDE W. MILLER,
Assistant Secretary.

INDIANA.—The third Semi-Annual Convention of the Indiana State Nurses' Association was held in the Presbyterian Church, Lafayette, March 28 and 29. The convention was very largely attended and was the most successful from all points of view, ever held in Indiana. Lafayette extended a very warm welcome to the Association and manifested her hospitality right royally.

One of the most important topics under discussion was the advisability of establishing some distinguishing mark of the registered Nurse. It was thought that possibly a copyright might be secured on some material designed and manufactured for the Indiana State Nurses. As all Nurses must, of necessity, wear washable dresses, the registered Nurse could secure this material for her dresses—the style of the garment, aprons, caps, collars, cuffs, kerchiefs, etc., being left entirely to the option of the wearer. This discussion resulted in the passage of a resolution for the appointment of a Committee to report at a future session. The Committee having this in charge is Miss L. Weaver, Fort Wayne; Miss M. Sellar, Lafayette, Ind.; Miss Edna Humphrey, Crawfordsville, Ind.

Papers on the following subjects were read at different times during the convention:

"The Opportunity of the Nurse in Private Duty," by Miss Cora Birdsell, South Bend, Ind.; "State Registration," by Miss L. M. Cox, of Elizabethtown, Ind.; "The Pioneer Nurse," by Miss Minnie E. Moore, Lafayette, Ind.; "Ethical Nursing," by Miss D. Elva Mills, of the Presbyterian Hospital, Chicago, Ill.

These papers were very interesting and full of good points and brought forth some good wholesome discussion.

Miss Mary B. Sellars of the Home Hospital, Lafayette, Ind., was elected delegate to the National Convention at Detroit, Mich., in June.

The Board of Examiners presented a very interesting report. The fact that six hundred nurses had registered in Indiana came as a great surprise for very few people realized that there were that many trained nurses in the State. The registration fees have been ample to cover all expenses and have made it possible to support an Inspector of Training Schools.

Early in the State organization, it was thought advisable to adopt only such by-laws as were of immediate necessity, but feeling the time has now arrived when we realize what the Association working needs are, the By-law Committee presented a rough draft of proposed by-laws. These were discussed and many suggestions given to the Committee that they may present them ready for adoption at the Annual Convention which meets in Indianapolis during the State Fair week. One of the suggestions was that a new Committee be appointed, having for its object, "The Prevention of Tuberculosis."

A resolution was made that the Association request the Arrangement Committee of the National Alumnæ Association to arrange for an hour, apart from the regular session of the Convention, for a State Conference that those, especially interested in State organization, may meet for mutual aid in effecting standard laws, etc., of the various States, thus obtaining a greater National uniformity.

M. F. GRANT, Secretary.

MICHIGAN.—The Michigan State Nurses Association, which held its second annual meeting in Sarah Caswell Angell Hall, Ann Arbor, April 4, 5 and 6, was very largely attended by members throughout the State. The president, Miss Sarah E. Sly, occupied the chair.

Rev. Carl S. Patton, of the First Congregational Church, Ann Arbor, delivered the invocation.

President Angell, of the University of Michigan, gave the address of welcome, in which he recalled the days of his boyhood when the idea of a trained nurse was unheard of, and in conclusion paid the following beautiful tribute to the nurses and their profession: "We often speak of the bravery of soldiers going into battle amidst the shouts of their comrades, and the blare of martial music, but the duty that is quietly performed by the trained nurse in her unpretentious manner is a bravery and a service nobler than that performed by the soldier."

The address of welcome was suitably responded to by Miss Nellie B. Hall, of Grand Rapids.

The afternoon of the first day was largely given up to reports of various committees, and an address by the president, Miss Sarah E. Sly, of Birmingham, who emphasized the necessity for state registration and earnestly solicited the hearty coöperation of every graduate nurse in securing the passage of the proposed bill which will be presented to the Legislature this coming winter.

Dr. Beverly Drake Harrison, of Detroit, secretary of the State Board of Medical Registration, gave an address on "State Registration for Nurses," and heartily endorsed the movement to secure the passage of such a law.

Miss Sophia F. Palmer, editor-in-chief of the AMERICAN JOURNAL OF NURSING, was an honored guest for two days and gave an earnest, impressive talk on "How to Pass the Bill."

Miss Palmer was the first woman in this country to put a working plan on paper for the registration of nurses, the outline of which has been the basis of the work since.

From a broad and intelligent standpoint Miss Palmer detailed the advantages other states and countries had derived from the passage of such an act, and the practical suggestions given regarding the bill and the means to secure its adoption will be invaluable to the association.

Needless to say, Miss Palmer's presence was an inspiration to all, and it was gratifying to know that she considered the proposed bill one of high standard.

Miss E. L. Parker and Miss J. M. Lennox, of Lansing, led in the discussion.

Mrs. Caroline Bartlett Crane, of Kalamazoo, another honored guest, gave an address on "A Neglected Field of Nursing. The County Almshouse," which met with a sympathetic cordial response and coöperation.

Discussion was led by Mrs. L. E. Gretter, of Detroit, and Miss A. M. Coleman, of Saginaw.

Dr. Victor C. Vaughan, of Ann Arbor, dean of the department of Medicine

and Surgery, gave a clear and concise talk on "Tuberculosis," and the best methods of prevention and cure.

Discussion was led by Mrs. L. J. Lupinski, of Grand Rapids, and Miss Violet Benner, of Saginaw.

Upon vote of the association, the time for the fulfillment of the pledge which was made at the last annual meeting of \$3 per member towards a fund for the endowment of a chair in Hospital Economics at Columbia University, has been extended one year or until the next annual meeting. This will enable Alumnæ associations and others who have not contributed an opportunity to assist in raising the desired sum.

A communication is to be sent to the nearby states asking for their hearty co-operation with Michigan in the furtherance of this movement.

Mrs. L. E. Gretter, of Detroit, chairman of the arrangement committee of the Nurses Associated Alumnæ, announced that the meeting would be held in Detroit June 5, 6 and 7. A very earnest appeal was made to secure not only a large attendance from Michigan, but from the middle and western states also, thereby bringing about, if possible, an overflow meeting.

Blue, white and yellow were adopted as the colors of the State Association and all members were requested to wear this badge at the meeting in Detroit.

It is hoped that other states will wear their national colors on this occasion.

The association will soon become affiliated with the General Federation of Women's Clubs.

Great credit is due the graduate nurses and citizens of Ann Arbor for the cordial hospitality extended to the members of the association and their honored guests.

The social functions included a "Faculty Recital," under the leadership of Prof. Stanley, given in Frieze Memorial Hall, complimentary to the nurses and their friends. Also a luncheon and reception in Barbour Gymnasium by the graduate nurses of Ann Arbor for the members of the association and their honored guests, Miss S. F. Palmer, Rochester, N. Y., and Mrs. Caroline Bartlett Crane, of Kalamazoo.

Miss Mary C. Haarer, Miss Fantine Pemberton, and Miss Bertha Knapp, graduate nurses of the University Hospital, gave a luncheon at Mack's tea room for the president and other officers. The guests of honor on this occasion were Miss S. F. Palmer, Rochester, N. Y., and Mrs. Emma Fox, of Detroit.

The election of officers resulted as follows: President, Miss Sarah E. Sly, Birmingham; 1st Vice-President, Mrs. L. E. Gretter, Detroit; 2nd Vice-President, Miss E. L. Parker, Lansing; Recording Secretary, Miss A. G. Deans, Detroit; Corresponding Secretary, Miss K. M. Gifford, Grand Rapids; Treasurer, Miss A. M. Coleman, Saginaw. Committees: Ways and Means, Miss J. M. Lennox, Lansing; Nominating, Miss L. J. Lupinski, Grand Rapids; Credentials, Miss I. M. Barrett, Grand Rapids; Printing, Miss L. B. Durkee, Detroit; Arrangements, Mrs. M. S. Foy, Battle Creek.

The meeting adjourned to meet in Battle Creek next spring.

Respectfully submitted.

K. M. GIFFORD, Corresponding Secretary.

THE CONNECTICUT ASSOCIATION OF VISITING NURSES

THE visiting nurses of the state of Connecticut held their second meeting in New Britain, March 28. Those present at the meeting were Miss Wilkinson and Miss

Snow of Hartford, Miss Hills and Miss Flang of New Haven, Miss Beard and Miss Whitman of Waterbury, Miss Hill of New Britain, and Miss Payne of Derby and Ansonia.

The first business to come before the meeting was the selection of a name, which is to be "The Connecticut Association of Visiting Nurses." Miss Martha J. Wilkinson is the president of the association and Miss Mary Grace Hills of New Haven, secretary and treasurer. Two vice-presidents were elected, Miss Beard of Waterbury, first, and Miss Ball of Middletown, second. A committee was appointed to draft a constitution and by-laws. It was voted to hold the next regular meeting in Hartford. The meeting adjourned to meet at the call of the president.

The object of this association is to promote social intercourse among the visiting nurses, to benefit the members through an exchange of ideas and methods and to keep up the standard of the visiting nurses in the state of Connecticut.

After the business meeting, a public meeting was held at the residence of Mr. Charles Wetmore, who is president of the local association in New Britain. The Rev. Dr. Davis of New Britain gave an address of welcome.

Mrs. O. Vincent Coffin read a report of the work in Middletown. The Middletown association was the first to be formed in the state and began its work in the spring of 1900. Miss Rowe of Albany was the first nurse secured and held the position until recently. After about a year the calls were too numerous to be answered by one nurse and Miss Mary Grace Hills, of Rhode Island, now at the head of the work in New Haven, was added to the force. The money to start the work was raised by soliciting from house to house and the first year \$1000 was collected. The second year, \$1700. The members pay \$1 a year and the honorary members \$5. A fee is charged each patient varying from five to fifty cents according to circumstances, the amount to be decided by the nurse. Miss Hills resigned in 1903, and her place was ably filled by Miss Hill. A benefit of \$1000 has been received which is called "The Gaston T. Hubbard Benefit Fund." The number of calls made the first year was 3111. The second year twice that number and since then an average of 6000 or 7000 calls each year.

Miss Edith Beach followed with a short review of the work in Hartford. This association was first started under the auspices of the "Guild of St. Barnabas," but soon became a separate organization and last December was incorporated. The work was begun April 18, 1901, with Miss Martha J. Wilkinson in charge of it and she has held the position ever since. In those five years there have been but three days in which no calls have been made and this was on account of severe storms. The first year there were 1973 calls made in caring for 111 patients. The city is large and not divided into districts so a great deal of time is consumed in going from place to place. A supply closet, from which articles are loaned or given, was soon found to be a necessity. The work is supported by contributions. Miss Wilkinson engages the services of other nurses as required.

Mrs. Baldwin gave a few facts about Derby, Shelton and Ansonia. The first step was taken three years ago by the "Women's Club." From \$175 to \$200 was netted by a performance by John Drew at the theatre. This was immediately set aside for the benefit of the sick poor. Miss Cox, who had been connected with the New York settlement work, was engaged to take charge of a summer home. This was tried for three months as an experiment by the club and then a separate organization was formed. This consisted of men as well as women. Miss Hall, who had done settlement work in New York was engaged and Miss Payne of New York is

now supplying in her place very acceptably. Special nurses are sent to contagious cases and paid from the treasury. There is also an emergency roll. The first year a canvass was made from house to house and fifteen hundred dollars was raised; this last year a little less than that. The entire amount was given by five of the towns-people.

The Rev. Mr. Lewis of Waterbury, gave a most interesting talk about the work in that city. He said in part; "I have no speech prepared and no report to read. We have not had much of anything in Waterbury but nursing; no machinery of any sort. We are absolutely without organization. I mean just what I say. Three years ago in looking over the work I saw a great need. We knew nothing of any work anywhere except at the Henry Street settlement in New York under the management of Miss Wald, who is the head and foot and back-bone of all settlement work. I went to some friends of mine and said, "I want to try an experiment." I asked a dozen men to give \$100 each and they did. I then had \$1200 in the bank, and went to New York to find the best nurses I could find in the country. First of all I wanted consecrated women, women of culture and refinement, as they must go into houses of squalor and shame. Only this class of women can go into these houses. I went to New York and looked around the hospitals and finally secured the two best nurses to be found in the country.

The visiting nurse is under-paid. To offer a visiting nurse less than eight or nine hundred dollars a year is a shame. Pay a top-notch salary and expect top-notch work. And above all, do not patronize them. Do not say the nurses who *serve* you. We serve the nurses. If not, they are not the right sort. They are our superiors; of a higher order.

After a year it was no longer an experiment. In Waterbury, at least, the well-being of our city (not the being of our city, that is in the hands of the politicians but the well-being) is to a large extent in the hands of the nurses. We have now been at work for three years. We are not a model; conditions differ and the work cannot be done in the same way in different places. Our annual expense is about \$4000. We have a house in the center of the city under the supervision of a head nurse. In this is a dispensary where patients who are able come to be treated. In that dispensary we have instruments, bandages, sterilized dressings and everything necessary to work with. Mr. Lewis is the whole thing; the association, its president, vice-president, secretary and treasurer, committee and board of lady managers. We have a staff doctor who answers calls day or night. If the doctors do not like this work they are quacks and fakes. They do not want good work.

In six weeks we made 104 visits and 93 visits were received from patients able to walk. Advisory calls, 1; new calls, 7; sent to doctors 6. Each nurse gives to me a detailed report of each day's work, showing where she has spent every minute of the time from nine o'clock in the morning. The report is the *bete noire* of the nurses, but the men who give me their money want to know what becomes of it. Miss Wald makes a strong point of this. She insists on a detailed statement of what each nurse is doing all the time. I believe this work can be mismanaged but not killed. It may be hampered by too much machinery and too much direction, but it is bound to succeed. There are no rules in Waterbury. We have got to give the nurse some liberty of action. If you do not want her, put her out; but when you get the right one, keep her. Our nurses are given credit for having sense. They are given this house in the center of the city and they *work*. Give them work but do not kill them. Above all do not load them down with rules. Do not kill their

spirit. The more work they do the better they like it. We cannot show perhaps, as large a number of calls on our report as some cities, but the work is done and well done. If a nurse is called to a confinement case (and we take confinement cases) she may have to stay five or six hours in order to do the work to be done on these cases. This, of course, does not roll up a large list of visits.

In reference to the question of how to get the money. There is no trouble about that. People fall over themselves to give money provided the work is right. One corporation gave me \$100. One gentleman wrote me a letter and said: "I do not care what you do with the money as long as you give it to those nurses." Another said: "when you want money, let me know." One man sent one of the nurses around in his carriage on a rainy day. Everybody respects the nurse. The doctors respect her, whether they respect themselves or not. This work has come to stay.

I did not realize what this meeting was to be. It is most happy. It is christian. I asked the nurses to come up here to-day in uniform, with their bags, etc.; after the meeting they will be glad to show you the contents of these bags and explain anything you may want to know.

Miss Pruden, of New Haven, said that they began with one donation of \$1000. The churches all helped. It was the idea to raise \$25,000 as a working capital, but the sum has not yet reached \$12,000. Miss Mary Grace Hills was engaged to take charge of the work. At the end of the first year there was a balance of \$400. A rule has been made to limit the working hours of the nurse to eight hours a day, and to give her one half-day each week. If she prefers to take the time two days at once, there is no objection. She decides such minor matters for herself. The nurse is given some funds for charitable cases to use at her own discretion; it is very necessary to have money to use in this way.

New Haven has tried to represent, as far as possible, all charitable institutions on the board. There is a Jewish rabbi and a Catholic priest as well as representatives from all other churches.

Dr. Davis said just a few words about the New Britain institution. This board is composed entirely of men. It was organized the first of January, 1906, and is the baby association, being only three months old. Dr. Davis says: "I know this thing is going in New Britain. All I ask is that it shall be written on my tombstone that I was the man who started the organization. If anyone asks you, tell them it can be done. I ask no credit; the credit belongs to the men who have raised the funds."

REGULAR MEETINGS

BROOKLYN, N. Y.—At the annual meeting of the Long Island College Hospital Alumnae Association the following officers and directors were elected for the year:

President, Miss M. A. Hope; first vice-president, Miss Elizabeth Hall; second vice-president, Miss Violetta Toufet; treasurer, Miss Regina Kelley; recording secretary, Miss Mary E. Beyer; corresponding secretary, Jessie E. Wiley; directors, Miss Sarah Burgess, Miss Edith Brown, Miss Matilda Decker, Miss M. A. Hill and Miss V. A. Monck.

J. E. WILEY, Corresponding Secretary.

NEW YORK.—The annual meeting of the Alumnae Association of the New York Hospital Nurses was held in the lecture-room, 6 West Sixteenth Street, on April 11,

1906. The association's undertaking of managing a club-house for its members has passed the experimental stage and closes the year with a satisfactory bank account. \$584.50 have been paid out to members of the "Sick Fund" during the year.

The following officers were elected for the ensuing year: President, Mrs. M. L. (Simons) Twiss; vice-president, Miss M. A. Munn; secretary, Miss M. M. Russell; corresponding secretary, Miss D. Dwight; treasurer, Miss E. Price; trustees (for two years), Miss M. Wheeler, Miss C. T. Birdsall.

BROOKLYN.--The regular quarterly meeting of the Kings County Hospital Alumnæ was held at the Nurses' Home on Tuesday, April 3, 1906, at 3.30 P. M., the president, Miss M. Dock, presiding. The meeting was well attended. Miss Bailey was chosen as the delegate to go to Albany for the State meeting on April 17, and Miss M. Dock, the president, was chosen to represent the association at the Detroit convention in June. A committee was appointed to revise the constitution and by-laws. Nurses who had registered were requested to send number of their certificates. Half have responded.

DENVER.--The Trained Nurses' Association held its regular meeting in the Y. M. C. A. building on April 2. The association contemplates assuming control of the directory for nurses in Denver, and a committee was appointed to further arrangements. Dr. Delehanty gave an interesting address on nursing the insane.

COLORADO SPRINGS.--At the annual meeting of the Nurses' Registry Association held in Caledonian Hall on April 4, the following officers were elected for the ensuing year: President, Miss L. L. Hudson; vice-president, Miss E. M. Margeson; secretary, Mrs. G. A. Homman; assistant secretary and treasurer, Miss J. J. Shea.

HARTFORD.--"The Hartford Club of Graduate Nurses" held their seventh annual meeting at their club-house, 90 Buckingham Street, March 30. The officers were all re-elected: Miss E. E. Courtright, president; Miss A. E. Brazos, vice-president; and Miss H. G. Soper, secretary and treasurer.

A vote was passed to require state registration before February 1, 1907, from all members of the club, all nurses residing in the club-house, and those registering with the club and living outside.

A vote of thanks was extended to the officers and the meeting adjourned till June 30.

BROOKLYN, N. Y.--The regular quarterly business meeting of the Alumnæ Association of the New York State School for Training Nurses' was held at the Prospect Heights Hospital, April 5. Seven members were present. On account of the small attendance, nothing definite regarding plans could be decided. Eight nurses were proposed for membership and were unanimously elected.

The meeting was adjourned until July 5, when we trust our members will show their interest by a large attendance.

BUFFALO, N. Y.—The annual luncheon of the Nurses' Alumnae of the Buffalo Homeopathic Hospital was held March 27 at Hengiver's Dutch Room.

The table was decorated with daffodils, the gift of the president, Miss Cole, and each place was marked with a name-card and flower, and tiny Easter chickens were perched on the glasses at each place. After the luncheon the following toasts were responded to:

"Our Training School," Mrs. A. J. Martin; "Our Married Members," Miss Mary Louise Drake; "Our Engaged Members," Miss Rosetta Burton; "Our "Un" Engaged Members," Mrs. Walters; "The Physicians, our brothers," Mrs. Mueller; "The Public—our patients," Mrs. Dennison; "Our Guests," Miss Jessie Burton; "Our Alumnae," Miss Frances Black.

The April meeting of the Alumnae will be open day meeting to all Buffalo nurses.

CHICAGO.—The Alumnae and graduating class of the Passavant Memorial Hospital have had some very interesting and instructive lectures this winter. The lectures were given by Miss Fulmer on "Visiting Nurses' Work," Miss Pierce on "Private Nursing," and Dr. Evans on Tuberculosis. Mrs. Lapp (née Miss Ebersole), of the class 1904, has written from her new home in India where she has gone as a missionary.

CHESTER COUNTY, PA.—The Chester County Nurses' Association held a meeting at the Coatsville Hospital on March 6, Miss Curtis in the chair. Miss Curtis gave a report of the State meeting held at New Castle. The next meeting will be held at the Chester County Hospital in September.

INDIANAPOLIS, IND.—The Indianapolis Graduate Nurses' Association has had a prosperous year. There have been twenty-two new members admitted, making a total of one hundred and four. Interesting programs have been arranged and the meetings have been well attended. The Association is affiliated with the State society. The officers for the coming year are:

President, Miss Minnie L. Prange; first vice-president, Miss Malurie W. Smith; second vice-president, Miss Mae D. Currie; secretary, Mrs. Belk-Brown; assistant secretary, Miss Estella Everingham; treasurer and registrar, Miss Grace Phelps; directors, Mrs. S. J. Peake, Miss Elizabeth Johnson, Miss Frances Ott.

At the March meeting of the Nurse Board of Examiners of New York State held at the Education Department in Albany, It was

Resolved, That we, the State Board of Nurse Examiners, continue to recommend to the Regents applicants for registration under the first clause of the waiver until such time as shall be determined by the Board.

JANE ELIZABETH HITCHCOCK, Secretary.

CHICAGO.—The Illinois Training School for Nurses, Chicago, is celebrating the twenty-fifth anniversary of the opening of the school, and, as it was the pioneer school of the west, of the beginning of the training of nurses in this part of the country, the alumnae are marking the occasion by starting a fund for a graduate nurses' home, which shall serve as an alumnae headquarters, a place where graduate

nurses may board, and where aged and disabled members may be cared for. At the May *alumnæ* meeting, five hundred dollars were set aside for the project from the funds in the treasury. To this will be added about five hundred more, the proceeds of a play given under the auspices of the board of managers of the school.

At the May *alumnæ* meeting there were present, Mrs. C. B. Lawrence, first president of the board of managers; Mrs. Dewey, the first superintendent of the school and Miss Janet A. Topping, a member of the first class. Papers were written for the occasion by Mrs. Lawrence, Mrs. Dewey, and Miss Lanver, the first nurse to enter the school, and the first to receive a diploma. Miss Lanver, as matron of the Woman's Hospital, is still actively connected with the nursing profession.

Early in May a large reception will be given by the board of managers to all graduates of the school, all former superintendents, and all doctors who have been connected with it. The usual banquet to the graduating class will be given by the *alumnæ* association.

ORANGE, N. J.—A regular meeting of the *Alumnæ* Association of the Orange Training School for Nurses was held March 21 at 3 P. M.

The committee appointed to ascertain the cost, etc. to endow a bed in the Memorial Hospital, reported that nothing accurate could be said as the board of governors as yet had not been at all definite.

Six new names were accepted for membership and five proposed. The subject of registration in New York State was then discussed at length as the Orange Training School is not registered as a school and thus debar its graduates from becoming registered nurses in New York State.

One of the graduates told of her failure to take the examination for registration as the examination was useless, unless the school were registered, and a second graduate cited where her name had been refused as reference for the same reason. It was then put to vote and carried that the governors of the Orange Training School should be most earnestly requested to comply with the terms offered the school and thus enable the graduates to become registered nurses and the school a registered school.

A paper having been carefully prepared was then read as the form of the request to be sent to the governors of the Training School that the school might become registered, thus enabling its graduates to become registered nurses in New York State; and the standard of the school thus being raised, it would be of greater attraction for desirable probationers. The names were next voted upon as delegates for the Nurses' Associated *Alumnæ*, and Miss Elizabeth Pierson and Miss Bertha Gardner were elected. The meeting then adjourned to meet the June class of 1905 and enjoy the pleasure of thus meeting the younger graduates and a social hour and refreshments.

COLORADO.—The Colorado State Board of Nurse Examiners held its annual meeting on April 9, 1906, in the State Capitol, Denver. The following officers were elected: President, Miss L. G. Welch; secretary, Miss L. C. Boyd. Three hundred and sixty-six nurses have been registered to date, but there are many unfinished applications. The board begins its second year of work greatly encouraged by the fruits of the year just closed.

PERSONAL

MISS LAVINIA WOOD and Miss Verna C. Smith, Class of '06, New York Hospital, have accepted positions in the Babies' Hospital.

THE Alumnae Association of the Roosevelt Hospital Training School for nurses gave a reception to the graduating class on the evening of March third.

IT is interesting to know that the nurse who led the opposition to the Louisiana bill some years ago has been in an insane asylum for upwards of a year.

MISS JANE A. WRIGHT, N. Y. H. graduate, has undertaken to teach pupils to keep well through physical development, a subject which she has been studying for the past two years.

MISS NELLIE A. MCKELLEN, graduate of the City Hospital Training School, Class of 1905, was appointed Assistant Superintendent of Nurses and will assume her duties April first.

MISS KATE G. WEMP, graduate Lakeside Hospital, Cleveland, Ohio, Night Superintendent of the Presbyterian Hospital, Chicago, has recently taken charge of the Lutheran Hospital, La Crosse, Wisconsin.

MISS BERTHA B. HOOD has been appointed superintendent of the Lincoln Memorial Hospital, Knoxville, Tenn., with Miss Julia Hoyne as superintendent of Nurses. Both are graduates of the Providence Hospital, Washington, D. C.

MISS AMY HILLIARD, graduate St. Luke's Hospital, New York, who has been supervisor of the operating-rooms in the Presbyterian Hospital, Chicago, for three years, has been appointed Directress of Nurses of the Evanston Hospital, Evanston, Illinois.

MISS ELIZABETH R. SCOVIL has been conducting classes in home nursing in St. John, N. B., which have been exceedingly popular during the winter. The charge has been \$1.00 for the course, and there have been as many as 150 women in attendance at one lesson.

MISS A. A. CLARKE, who has served for two years as superintendent of the N. Y. H. Nurses Club and has done a vast amount of good work in making it a success, has not been well for some time and has tendered her resignation. The trustees accepted it with regret.

MISS SHORT, Roosevelt Hospital, Class of 1903, has gone to the Hahnemann Hospital, New York City, to take charge of the operating-room. Miss Short has been assistant nurse in the Syms operating-room for the past year, where her place has been taken by Miss Hardy, Roosevelt Hospital, Class of 1905.

ON Wednesday, April 11, at 3 o'clock, the first graduating exercises of the School for Nurses of the Presbyterian Hospital, Chicago, were held in the reception-room of the home. Professor George E. Vincent, of the University of Chicago, gave the address to the class. Ten nurses graduated. The exercises were followed by a reception.

MISS A. J. SCOTT, graduate of the Toronto General Hospital; late assistant superintendent of the training school at the Royal Victoria Hospital, Montreal; and superintendent of the Ross Memorial Hospital, Lindsay, Ontario, has been appointed assistant to the principal of the Hartford Hospital Training School, Hartford, Connecticut.

MISS BERTHA ERDMANN, Superintendent of Nurses, Minneapolis City Hospital, gave an "At Home" Thursday afternoon, March twenty-second, from three to five o'clock, at the residence of Dr. and Mrs. C. A. Erdmann, for the alumnae of the training school. The object was to bring together the older members and introduce the graduating class. A very enjoyable time was spent by all. About fifteen were present.

MISS LUCY L. DROWN and the Boston City Hospital have the honor of having trained and of including among their graduates the newly-appointed Matron-in-Chief of the Imperial Military Nursing Service of Great Britain, Miss C. H. Keer, R.R.C., who, while living in Canada with her father, a British naval officer, went to Boston and took the training sometime in the '80's. Miss Keer has had long and distinguished service in army nursing, and her alma mater must feel proud of her honored daughter.

MISS MARGARET A. SHANKS and Miss Mae Nichols, the nurses who cared for Susan B. Anthony in her last illness, have been notified that they have been made life members of the New York State Woman Suffrage Association. They were made aware of this through a letter from Harriet Taylor Upton, treasurer for the national association, who wrote that the honor had been conferred because of their "tender care of our beloved leader." Miss Shanks is a young Rochester woman who was graduated from the Training School of the Homeopathic Hospital in 1897. Until she came to America at the age of 13, Miss Shanks lived in Scotland. Her childhood was passed in Stranraer, Wigtown county. Before entering the training school she lived in Hopewell, N. Y., still her mother's home. Miss Nichols is from Lynn, Mass., where she received a diploma from the Training School of Union Hospital. She was visiting Miss Lizbeth Tripp, of the Homeopathic Hospital, at the time Miss Anthony's condition became worse and it was necessary for her to have constant care. Miss Nichols was summoned for night duty. At the time Miss Anthony rallied she said to her physician, "My nurses are without parallel."

MARRIED

CAMERON—HAMMOND.—At Sault Ste. Marie, Ontario, Margaret Jean Cameron (Rochester City Hospital) to George J. Hammond. Mr. and Mrs. Hammond will make their home in Minneapolis, Minn.

IN Toronto, Ont., on April 16—Miss E. Greenwood, (Philadelphia Polyclinic class of 1902), to Mr. John G. Marshall. After an extended trip abroad Mr. and Mrs. Marshall will live in Toronto.

IN New York on April 16, Miss Laura Gay, (Erie County, Buffalo, class of 1901), to Mr. Frank Whited, of Goshen, N. Y.

OBITUARY

AT New London, Conn., on Saturday, March 10, 1906, after a long illness, Nellie E. Miner. Miss Miner was a graduate of the Homeopathic Hospital, Brooklyn, N. Y., 1894.

IN Dansville, N. Y., March 19, Miss Katharine Johnson, of Rochester, graduate of the Rochester City Hospital Training School, class of 1893. Miss Johnson had been for many years a most successful and popular private nurse.

HARRELL.—At White Haven Sanitarium on March 19, 1906, Maude Lewis Harrell, graduate of the Johns Hopkins Hospital, class of 1902. Miss Harrell contracted tuberculosis while in the discharge of her profession, and her name rightfully belongs to the long list of martyrs who give themselves, the greatest of gifts, for the relief of suffering humanity. She accepted the inevitable with heroic calmness trusting in Him who likewise suffered for men.

THE Graduate Nurses' Association of the State of Pennsylvania passed resolutions of regret upon the deaths of Miss Bertha Magee, New Brighton, Pa.; Miss S. Jane Rankin, Phillipsburg, Pa.; Miss A. E. Fryer, Johnstown, Pa.

[We are holding for want of space an unusual amount of material sent late for this department. Reports of the New York State meeting and the meeting of Superintendents of Training Schools will be given in full in the June issue.—ED.]

HOSPITAL AND TRAINING-SCHOOL ITEMS



HOSPITALS

A NEW hospital has been opened in Chicago, "St. Bernard's Hotel Dieu," under the direction of the Sisters of Hotel Dieu from Kingston, Canada. It is located at 6337 Harvard Avenue, in the most beautiful part of Englewood. It has accommodation for 300 patients, and is up to date in every way. Its operating-rooms are complete with the very latest methods for modern surgery. It has a large emergency operating-room on the first floor, where emergency and accident cases can receive attention without any delay. The building is fire-proof, has large, airy wards, and the private rooms are fitted up with all the conveniences of a modern home. A Training School for nurses has been established under the direction of Miss Mary Long, former superintendent of Mercy Hospital, Des Moines, Iowa. It is a three-years' course. The first class already formed are making rapid strides in their training. A separate nurses' home is on the same grounds as the hospital. It is a cheery, home-like building, with all modern improvements for the comfort of the nurses.

THE graduating exercises of the class of 1906 of the Roosevelt Hospital Training School for nurses were held in the Syms operating amphitheatre of that hospital, New York City, on the evening of February 26. Dr. Cragin gave an interesting address and then Dr. McLane, after congratulating the nurses and wishing them all possible success, presented the following class of twenty-four with their diplomas:

Misses Anna Ruth Dadley, Louise Masson, Mary Blott, Nannie Page Nestil, Phyllis Roe, Katherine Tyler, Evelyn Hunt, Ethel Murdoff, Matilda Lambert, Lucile Stuart, Nannie Burnett, Agnes Sinclair, Irene Henderson, Mrs. Evelyn Smith Williams, Misses Mildred Gorham, Elsie Galloway, Edith Cunningham, Jean Stoddard, Juliette Brand, Eliza Selby, Clare Wilson.

The exercises were followed by a delightful reception, given in the administration building of the hospital.

CHICAGO.—The Provident Hospital of Chicago graduated the following young ladies on April 16: Jessie Annabelle Moore, Ella M. Bland, Annie Elizabeth Lyle, Maude LaMonte, Marie Johnstone, Allie Helena Barnett, Eva Elizabeth Tibbs, Selina Christina Jackson, Emma Mae Irwin.

THREE nurses were graduated from the General and Marine Hospital at Collingwood, Canada, on April 3. The exercises were of the usual order and the names of the young ladies were Miss Ella Baker, Miss Phœbe Jane Cottrill and Mrs. Mary Isabel McBride.

Flower Hospital Training School for Nurses, graduated its third class, ten in number, on Feb. 27, 1906. The exercises were held in the Senior lecture-room of the New York Homœopathic Medical College building, and consisted of an opening address by Loomis L. Danforth, M.D., president of the Medical Board;

presentation of diplomas by William Harvey King, M.D., Dean of the College; class history, poem, and prophecy, by members of the graduating class, and an address to the graduates by Mr. Champ L. Andrews.

These were followed by a reception and dance in Heitzman Hall.

Under the skilful management of Miss Jane M. Barker, R.N., of Hahnemann Hospital, New York, this school has made rapid advancement during the past two years. Being in close connection with the College, the various classes have their lectures from the professors of that institution. A course in Dietetics under Miss Alida F. Pattee, has recently been added to the Curriculum.

THE Homœopathic Medical Dispensary of Boston has recently united with the Massachusetts Homœopathic Hospital, and has become its Out-Patient Department. This department cares for over sixteen thousand patients a year. In addition to this there are some ten thousand district visits made on patients at their homes. Two nurses are in daily attendance at the clinics and a district nursing service has been established to care for those outside. The training school work has been enlarged, a three months' preparatory course having been adopted and ten additional nurses admitted.

MISS HELEN SKIPWITH WILMER, a graduate of the Johns Hopkins Training School for nurses and who is the daughter of a former trustee of the hospital, has presented the trustees of the hospital with \$30,000 to be used for the erection of a large building as an addition to the nurses' home of that institution. This is the first large donation that we have known to be made by a nurse. Miss Wilmer has been engaged in charity work since her graduation. She inherited a large fortune from her father who died several years ago and the new nurses' building will fill a much needed want in the Johns Hopkins hospital as the old building has been overcrowded for some time.

A large building is to be added to the group of the Johns Hopkins hospital which is to be known as the Harriet Lane home for invalid children. The sum of \$400,000 was bequeathed by Mrs. Johnson for this purpose. The location of the building not having been decided by Mrs. Johnson before her death, and the trustees of the hospital have entered into an agreement with the executors of Mrs. Johnson's estate by which the children will be under the care of the hospital physicians and nurses, but the building will be operated as a separate establishment. In this way the experience in the care of children will be very greatly extended with the pupils of the Johns Hopkins school.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING APRIL 13, 1906.

ALLWEIN, MARTHA R., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

BARTHOLOMEW, ANNIE M., transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

BILLIANI, BERTHA, transferred from the General Hospital, Presidio of San Francisco, California, to the General Hospital, Fort Bayard, New Mexico.

BRACKETT, BERT D., recently arrived in the Philippines Division, assigned to duty at the Division Hospital, Manila.

CHAMBERS, ELIZABETH F. M., transferred from the Military Hospital, Zamboanga, to the Division Hospital, Manila, P. I.

COOK, ETHEL FLORENCE, on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division, April 16.

DWYER, KATHERINE, transferred from the Division Hospital, Manila, P. I., to duty on the transport Thomas *en route* to the United States. Arrived March 16, and assigned to regular duty at the General Hospital, Presidio of San Francisco.

HOLLOWAY, MAUD E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

HOWARD, CARRIE L., transferred from the Division Hospital, Manila, P. I., to duty on the transport Sheridan *en route* to the United States. Arrived at San Francisco, April 5, and assigned to duty at the General Hospital, Presidio.

JONES, NELLIE MABEL, transferred from the Division Hospital, Manila, P. I., to the Military Hospital, Zamboanga.

KENNEDY, MARY J., reappointed to date April 14, and assigned to duty at the General Hospital, Presidio of San Francisco.

LATIMER, JUNIA HATTIE, transferred from General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

MARKER, IDA MAUDE, transferred from the Division Hospital, Manila, P. I., to duty on the transport Thomas *en route* to the United States. Arrived at San Francisco March 16 and assigned to duty at the General Hospital, Presidio.

POSTLEWAIT, CLARA L., graduate of St. Joseph's Mercy Hospital Training School, Dubuque, Iowa, class of 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

RIORDAN, MARIE A., transferred from Division Hospital, Manila, P. I., to duty on the Sheridan *en route* to the United States. Arrived at San Francisco April 5, assigned to duty at the General Hospital, Presidio.

ROHLFS, LOUISE, transferred from the Base Hospital, Iloilo, to the Division Hospital, Manila, P. I.

SHEEHAN, MARY E., on duty at the General Hospital, Presidio of San Francisco, under orders to sail to the Philippines Division, April 16.

SPOOR, EDITH M., formerly on duty at Fort McKinley, Rizal, P. I., discharged in the Philippines Division.

TAIT, ELIZABETH E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

THOMPSON, ELLA MAY, graduate of the Maryland General Hospital, of Baltimore, class of 1904; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

WHITE, ELLEN L., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco.

WILLS, HARRIET ELSIE, graduate of the Homeopathic Hospital of Pittsburg class of 1902; appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

WILSON, SIBBIE, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

WINSLOW, MINNIE A., transferred from the General Hospital, Fort Bayard, New Mexico, to the General Hospital, Presidio of San Francisco.

THE SUPERINTENDENTS JOIN THE VOLUNTEER LIST IN A BODY.

At the meeting of the American Society of Superintendents of Training Schools, held in New York April 25, 26, 27, the motion was made that the members should volunteer in a body for service in the Eligible Volunteer List of the United States Army. This motion was carried unanimously.



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THE AMERICAN JOURNAL OF NURSING COMPANY.

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Secretary, MISS JANE A. DELANO, Bellevue Hospital, New York.

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President, MISS ANNIE W. GOODRICH, New York Hospital, New York.

Secretary, MISS M. A. NUTTING, Johns Hopkins Hospital, Baltimore, Md.

Annual meeting to be held in New York in May, 1906.

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Secretary, MISS NELLIE M. CASEY, 814 South Tenth Street, Philadelphia, Pa.

Annual meeting, 1906, Detroit, Mich.

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MISS M. EUGENIE HIBBERD, Ancon Hospital, Ancon, Panama.

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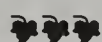
THE AMERICAN JOURNAL OF NURSING

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EDITORIAL COMMENT



THE SAN FRANCISCO DISASTER

WE have received from Miss Genevieve Cooke, editor of the *Nurses' Journal of the Pacific Coast*, a personal letter in which she gives an account of her experiences at the time of the San Francisco disaster. Miss Cooke's apartment where she conducted her private gymnasium and edited the *Journal* was situated on Van Ness Avenue, and as the fire did not reach that locality for some hours, she had time to save her personal clothing, the pictures in her office and eight or ten books out of the library which she had been collecting during the last twenty years. Among the books saved she speaks of her bound volumes of THE AMERICAN JOURNAL OF NURSING.

Miss Cooke's mother, an elderly lady of 79, is totally blind. The first night of the fire, Miss Cooke took her to the Presidio to the house of one of the officers and the following day succeeded in getting her over to Oakland. Miss Cooke herself returned to the Presidio and volunteered for duty at the General Hospital, but was afterwards persuaded to go to the house of the officer already referred to, whose wife was seriously ill. Miss Cooke expects to remain at the house of Col. A. B. Dyer, at the Presidio, San Francisco, Cal., where she may be reached by mail and from which point she hopes to work for the benefit of nurses less fortunate than herself.

She says there are many nurses working among the refugees who have lost everything with the exception of the clothing which they were wearing at the time of the disaster. At the time her letter

was written, May 9th, Miss Cooke and Miss Sweeney were trying to locate the nurses and establish headquarters and a sort of directory at Miss Sweeney's house, No. 8 Sanchez Street. A copy of the poster which has been issued by the San Francisco County Nurses' Association is found in the official department and is published by request.

Among those perhaps best known to nurses in the east who lost everything are Miss McCarthy, the Secretary of the California State Association, and Miss Fisher. Among the hospitals which were destroyed were the Waldeck, St. Mary's, St. Winifred's, St. Francis', Clara Barton, Pacific, McNutt, Mary Patton, and the New Hahne-mann, which was just ready for occupancy. The Children's Hospital was badly damaged, as was the Lane, the French, and others. This has thrown adrift many pupils who Miss Cooke says may be unable to complete their training. We are inclined to think, however, that the training-schools in the neighboring cities will make provision for these pupils. The difficulty will be to reach them.

Miss Cooke says the desolation cannot be imagined and that the really hard time is to come. The reports which have been published from Mr. Devine and other officials through the Red Cross would seem to point to the fact that the first burst of public generosity is subsiding, leaving this great multitude of homeless people with but scanty provision for the ordinary needs of living. It seems to be the concensus of opinion that the laboring class will be readily provided for in the reconstruction, and that those who will really suffer the most are the professional men and women who have lost everything they possess. Already a special fund is being started for the aid of physicians. Dr. Helen Criswell, a nurse dentist whose husband is also a dentist, was in Europe at the time of the disaster and we received a note from her dated from Lisbon April 15th. On May 15th a postal written from Chicago says: "We are hurrying home to our stricken city. We have lost practically everything, but my family escaped unhurt. The Doctor has opened temporary offices, and he writes that the nurses are having a hard time in every way, many having rushed at once to the relief of the injured and to help in the hospitals and so were unable to save even a handful of their possessions."

A letter published by the Red Cross Society from a nurse reads: "This isn't a letter to tell you the desolation and misery of the past few days, but to tell you how comfortable we are now. Our people are scattered. The first night we spent in the Plaza, taking care of sick babies, measles, pneumonia and new-born infants. No one could be persuaded to enter a house. At 2 o'clock in the morning

we had to leave. Walked to Van Ness Avenue. Went back in the morning, as the fire was leaving us. Spent the day there trying to quiet the people, and getting the bedridden people away. In the afternoon we helped in the emergency hospitals. Towards evening we had to leave again, with blankets on our backs and babies in our arms. Walked to the Presidio. Now all our family is settled in tents. Rations daily. Many of them are far better off than at home. It seems to be such a comfort to them to have us near. We render many services not in a nurse's line. As soon as the great demand for nurses is over here, Stella, Ruby and I will go to the Farm to open for convalescents. I think the government would send supplies there for us. What do you think about it? I thought of taking families there at first but decided the Presidio grounds better because of the supply of food there. At the last moment I opened the clinic; gave everything away to people with vegetable wagons. The family up-stairs took a box of instruments for me, which they are going to return. Everything else burned at 650, and at our house. Mrs.—became panic stricken and left the city."

Miss Ashe, a graduate of the Presbyterian Hospital, New York, who was engaged in settlement work in San Francisco and had gone on a vacation trip when the terrible news of the calamity reached her, has just returned there and writes to an eastern friend of the conditions. Though the letter was private, it has been sent to the JOURNAL in the belief that many nurses would be glad to help in the work spoken of if they knew of it. Miss Ashe writes: "I found on my arrival that the thing which was worrying the medical department more than anything else was the care of the convalescents. The authorities hadn't come to that yet, and so when we put our scheme before the various chiefs (the letter does not say just what this scheme is), we were met with open arms, and orders were issued immediately to establish a camp, and an officer was assigned to duty there. The only problem at present is the salary for nurses and the supplies of night-gowns and bed linen. The relief committee does not see its way clear at present to pay the nurses, and we feel that we should have one nurse for every twenty-five or thirty patients, and want to pay them small salaries at least, as the majority of these women have families depending on them. We have put a nurse on Telegraph Hill to take care of the small unburnt portion, which is overcrowded with people; no water supply except at the bottom of the hill. It would be a splendid thing to have a nurse in each camp, but that seems to be out of the question."

We regret that Miss Ashe has not given a more detailed description of the work she is planning, and that no address accompanies that portion of the letter sent to us, but we know she can be reached either through Miss Cooke at the Presidio or through Miss Sweeney at No. 8 Sanchez Street, as she is a member of the San Francisco County Society and is sure to be in close touch with the work its officers are trying to do for the relief of nurses. All of the women whose names we have mentioned are personally known to us, and may be depended upon absolutely to make the wisest distribution possible of any contribution of money or clothing that may be sent to them. Until there is a general resumption of business in San Francisco it is necessary to be exceedingly careful in regard to the manner of consigning either money or clothing. We shall be in touch with Miss Cooke and be kept informed of the situation in San Francisco, and will be glad to give any information which we may possess to nursing organizations that may be in doubt as to the best manner of sending contributions to nurses in San Francisco.

We feel that any appeal from us to the nurses of the country is unnecessary.

The reports of different societies contained in this issue show sums of money to have already been appropriated for the benefit of nurses in San Francisco. The Massachusetts State Society contributed \$250; the American Society of Superintendents of Training Schools \$150, increased by personal contributions to \$200; the nurses of Rochester \$185, \$150 of which has been sent through the Red Cross to Dr. Devine to be used for destitute nurses. Special entertainments and efforts in different directions are being made in a number of places among nurses and we are sure that the response will be very general throughout the country when it is known to just what extent aid among the nurses is needed.

The prompt action and efficient service of the army, and particularly of the medical department at San Francisco, has called out the most favorable comments from all over the world.

As we go to press we have had the address of Miss Elizabeth Ashe sent to us. It is Convalescent Camp No. 11, Ross, Marion county, Cal.

We have also heard from Miss A. I. Hæntsche, R. N., graduate of the German Hospital, New York, that a letter has been received from the Secretary of the California State Association, Mrs. Florence B. Downing, making an appeal to the eastern hospitals for assistance for nurses who are among the refugees. This letter states that

the nurses are in great need of uniforms; that they have received only food from the relief fund, and that the majority who are on duty in the reserve camps have lost everything they own, having only the clothing in which they left the burning and falling buildings with their patients. This letter goes on to state that if money or uniform material (money preferred) could be sent to the association relief fund, it would prove a great blessing. Money would enable them to get the material more quickly, put the money into circulation in California, and save the expense of expressing across the country.

Miss N. Petit, of Nyack, N. Y., has already started an endless chain collection, and Miss Hæntsche, 155 E. Eighty-third Street, New York, N. Y., will also receive contributions.

THE IMMEDIATE FUTURE OF THE NURSES' JOURNAL OF THE PACIFIC COAST

Miss COOKE requests us to announce that the June number of the *Nurses' Journal of the Pacific Coast* will be gotten out in July if not before. She says she managed to save some of the vital property of the *Journal*, all of the copy that was on hand, contracts, bank book, expense account, etc., but has lost part of the outside mailing list and she asks any subscribers who may be reached in this way to send their address and the date of their subscription to her. At the time of our letter she had not succeeded in locating her publisher but said she had every reason to suppose that his mailing list had been destroyed.

The most remarkable thing about the San Francisco disaster is the wonderful courage of the people. In our letters from Miss Cooke and also from Dr. Criswell and Miss Ashe there is not a murmur of complaint or discouragement.

MISS NUTTING'S NEW WORK

A PROFESSORSHIP has been created at Columbia University for the purpose of investigation and instruction in the administration and management of institutions, such as hospitals, asylums, dormitories, etc. Miss M. Adelaide Nutting, of the Johns Hopkins Training-School for Nurses, has been appointed to this position and will enter upon her new duties in the fall of next year, her resignation at the

Johns Hopkins taking effect in the early spring, after which time she hopes to spend six months in Europe.

This professorship is undoubtedly the outgrowth of the interest in institutions and nurses which has been aroused at Columbia University through the course in Hospital Economics established there under the auspices of the Society of Superintendents of Training-Schools for Nurses, and maintained by contributions from the nurses of the country. Miss Nutting's appointment is a direct recognition of the value of the work of nurses in institutions, and she is an especially able woman for the position. We extend to Miss Nutting our congratulations, in which we are sure the great nursing body joins us, in this opportunity for broader research work for the uplifting of her profession and for humanity at large.

THE RED CROSS

THE headquarters of the National Red Cross Society in Washington had been moved to rooms adjoining the offices of the Medical Department of the army two days before the San Francisco disaster. The news of the earthquake was carried in to Miss Boardman by the Surgeon General of the army. The most perfect coöperation between the Red Cross and the Medical Department has been maintained since the day of the disaster, producing such results as had never been realized in any previous national calamity. Promptness and efficiency in reaching the state branches brought money, food and clothing in a marvelously short time, to be distributed under army supervision until such time as the San Francisco Red Cross, the Citizens' Committee and the army could form a working alliance. In the past the Red Cross and other philanthropic societies have worked in an attitude more of antagonism toward the government authorities. The re-organization of the Red Cross Society has brought about a wonderful reform in that respect, and the old condition that existed at so recent a date as the Spanish War can never return. The Red Cross stands in the fullest and broadest sense for the "brotherhood of man."

NEW YORK STATE EXAMINATIONS

THE second of the full examinations in New York State will commence on June 19th and last four days. These examinations are held in New York, Albany, Syracuse and Buffalo. The practical

test may be arranged for before this date in New York and Rochester by the superintendents of the training-schools conferring with the examiners located at these points. It is already known that there are to be 140 applicants in New York City alone, and it will simplify the work for the examination, as well as for the applicants, if the great majority of the practical tests can be taken at the points mentioned before the date fixed for the written examination.

Nurses who entered a registered training-school after April 27, 1903, who have finished their full term of training, and have been awarded their diplomas, are eligible for this examination. Those with time to make up or whose diplomas have not been awarded for any reason, will be obliged to hold over until the next examination in January. The great majority of the pupils graduating at this season entered their training just before April 27, 1903, and those can be registered under the waiver without examination.

THE RELIEF OF SPECIAL-DUTY NURSES

ARE nurses sufficiently relieved when on special duty in a hospital? This is the question which is agitating the minds of a few Chicago physicians, and one of them suggests trying to get legislation to bear on the problem. Would legislation help us? Where and how do we fail?

Certainly there is a vast improvement in most of the Chicago hospitals over conditions which prevailed ten and fifteen years ago. Then, a nurse would be put on a hard surgical case and would be relieved only once or twice for rest; she would be relieved for class and lectures, almost always. Now, in most of the well-organized schools, a nurse is relieved the morning after an operation, for the whole day, to bathe, walk, and sleep, and is relieved for six hours out of the twenty-four thereafter until she can get a good amount of sleep at night. Most doctors, and most superintendents of nurses, think it is very hard on the patient to change the nurse during the first night after an operation. In two schools, however, the relieving is done almost entirely at night, and there is an extra night nurse on then, whose chief duty it is to relieve "specials," wherever she is most needed. In one leading school, the superintendent has all nurses who are on special duty send her a report in the morning, stating how much sleep they have had through the night, and she makes up to each one whatever amount is lacking of eight hours.

In three schools the superintendents acknowledged that the system of relief was bad, and that their nurses were sometimes on duty as long as thirty-six hours, but that they had not sufficient pupils to furnish adequate relief, nor sufficient funds to maintain a larger staff of nurses. One of these superintendents, however, thought this was good training for private duty outside, where relief is not plentiful. Another superintendent, for the same reason, gives less relief after the first few days, because she wants her nurses to learn to get sleep when they can,—to go to bed early, for instance, if the patient is quiet then, whether they feel like it or not. She thinks pupil nurses need more relief than graduates who are called in, because a graduate can rest at the end of the case if she wishes, while pupil nurses must go right on with heavy hospital work. One superintendent said she was often hindered in her plans for relieving nurses by the doctors in attendance, who did not like a change made during the most critical part of a patient's illness. Others say they find an explanation sufficient to convince the doctor that his patient will not receive the best care from an over-tired nurse.

At many hospitals, if the school is not able to provide enough nurses for proper relief, graduates are called in, and the patient is not charged for the extra service.

Are the doctors satisfied with the relief given to the nurses caring for their patients? Most of them seem to be. Those in attendance on the smaller hospitals have some complaints. One woman physician thinks there should be two nurses on every case and four nurses on every hard one. One surgeon objected not to the amount of relief given, but to the kind. He says his special nurses are often relieved by pupils who have not been sufficiently instructed to understand the case, or that his patient is left to the care of floor nurses. He maintains that every patient who pays the hospital for a special nurse is entitled to special care every minute of the time, and to skilled care. He has a plan which he is trying to have adopted at the hospital with which he is associated of a special emergency force of nurses,—three, perhaps,—two for day and one for night. These should be senior nurses, well advanced, or graduates, and they should be ready to fill in wherever a gap comes in the regular hospital service. One of their duties would be to relieve the special nurses.

A prominent obstetrician thinks all surgical and all obstetrical cases require two nurses for the first week and should certainly have them for the first few days.

A medical man, who is well satisfied with hospital arrangements,

says he makes it his mission to see that nurses in private homes get sufficient rest. If people cannot afford two nurses, he changes the nurse on the case for a fresh one when he thinks she is getting tired, though the nurse and the family may both object. He asks daily every nurse who is at work for him how much she is sleeping and whether she gets out to walk. Such a course, if pursued kindly and quietly by a number of doctors, would educate the public, in time, to the needs of the nurse and would achieve better results than legislation.

The agitation of this subject in Chicago is, we believe, a very good thing at this time. The conditions are practically the same in the great majority of the hospitals of this country, and it would settle a vexed problem for many institutions if some reasonable way could be agreed upon which would be considerate of the purse of the patient, meet the requirements of the medical attendant, and be just to the "*specials*," without complicating too greatly the administration of the hospital. In our opinion pupil "*specials*" should never be on duty for more than twelve hours—we know of a few hospitals where a hard and fast rule has been made that all "*specials*," whether pupils or graduates, shall work only a twelve-hour day—going *on* and *off* duty with the regular nursing staff. Sleeping accommodations are not provided for outside specials. Sometimes an arrangement is made for the outside specials to come in for twelve-hour duty either day or night as the case may be, leaving their names on the registry and working subject to call at the rate of twelve or fifteen dollars per week. This supplies specials for the first few days and nights for operation cases, keeps the graduates in touch with hospital methods, occupies the time between regular cases profitably without undue loss of sleep, and simplifies the administration of the hospital. Frequently two specials can be afforded by this plan where only one would have been possible under the twenty-four hour arrangement, and the hospital is not taxed by supplying relief. On the other hand, where only one special is possible, the hospital is in duty bound to give the patient all necessary care during twelve hours out of the twenty-four. Of course where a patient is able to employ two nurses at full rates and objects to changes he should pay accordingly,—not only the salary of the nurses, but the board of the nurses in the hospital. We see no reason why nurses caring for private patients in a hospital on full time, should work for less pay or pay their own board, any more than if they were in a hotel.

A great deal of the real trouble comes from the fact that hospitals try to do more work than they are equipped for. The entire hospital

force is too often over-strained and while in the name of charity the hospital is alleviating the sufferings of one class of people it is shortening the working days of another class by a false economy of service.

In a private family of moderate means there would seem to be no way of establishing regular or shorter hours for nurses, but in hospitals, where the strain is constant, this should be done, and it can be done, because it has been done.

WHEN PUPILS SHOULD SPECIAL

We are also of the opinion that pupil nurses should not be used as specials until they have been at least eighteen months in training, and in a three-year course not until the third year. Most young nurses are not competent to be left in full charge of serious cases, whether private or ward patients. Specialing interferes with regular systematic instruction, and the nurse's education is interrupted. The third year should we think be given to gaining experience, under supervision, for the independent work of private or hospital duty, and "specialing" private patients under supervision is one of the most valuable kinds of work a senior pupil can do. In this way she becomes familiar with the kind of personal service that the rich will demand of her in their homes, while her environment is familiar and she is still being looked after by the head nurse.

We are sure that Chicago would like to know how the hospitals of New York and Boston and other large centres are working out the relief problem.

PROGRESS OF STATE REGISTRATION

THE legislation season is nearly at a close and we have reason to believe that there will have been no bills passed this year.

We have no intimation that such failure reflects discredit in any way upon the State Nurses' Associations. There has been harmony and wise and able leadership in all of these States, but the opposition has been of such a character that success was impossible. As we have said many times, no law is better than a bad law, and we are proud that we nurses have chosen defeat rather than to accept the terms upon which success might have been attained. The victory will be all the greater when it comes.

In those States where State registration is in operation the results have been all that has been claimed for it.

THE TWELFTH ANNUAL CONVENTION

THE twelfth annual convention of the American Society of Superintendents of Training-schools for Nurses, which was held in New York on April 25th, 26th and 27th, was a most profitable meeting in every way. There were but few of the older members of the society present, but the second and third generations came to the front nobly and presented a group of papers of great excellence which will be published in the July number of the JOURNAL with the more important of the discussions and a full report of the business proceedings to be submitted by the secretary.

THE ASSOCIATED ALUMNÆ MEETING IN DETROIT

THE arrangements for the meeting in Detroit are very complete and there promises to be a large attendance. Undoubtedly at this time some plans could be proposed for definite means of rendering assistance to the nurses in San Francisco. The JOURNAL stands ready to further in any way within its power any means the society may decide to adopt.

"HOSPITAL SKETCHES"

MISS DEWITT asks us to explain that the "Hospital Sketches" which she has been prevailed upon to publish in our pages are her notes made day by day during a period of her training 15 years ago in the Illinois Training-School. The only merit which she claims for them is in the fact that they are genuine. We are sure that these sketches bring home to many of our readers experiences long forgotten but equally absorbing and interesting at the time. Undoubtedly the number of nurses is greater in proportion to the patients to-day than it was 15 years ago, but the human nature of a large public hospital remains practically the same.

THE JOURNAL MAILING LIST

IT can readily be understood that the JOURNAL's mailing list is exceedingly difficult to keep free from errors because of the constant changes of address among nurses. This condition we make great effort to meet and just at this time Miss M. E. P. Davis is in Philadelphia supervising the business details of our office, the mailing

list having her especial personal attention. Any unusual delay in receiving the magazine or failure to have been notified of the expiration of subscriptions should be reported to her at once at 227 South Sixth Street, Philadelphia. Notices of change of address should *not* be sent to the Editor-in-chief at Rochester on the same page with reports and items for publication in the magazine, as in this way the chances for mistakes are greater, but any complaints may be made to her and will receive prompt attention.

AMENDMENTS TO THE EMPLOYMENT AGENCY LAW

THE New York employment agency law has been amended by the legislature and was signed by the governor on April 27th, and registries of all incorporated associations of registered nurses, and bureaus conducted by registered medical institutions, are exempted. This amendment went into effect on May 1st.



THE DAY CAMP FOR TUBERCULOSIS PATIENTS*

BY SUSANE F. ROBBINS

Graduate Boston City Hospital Training-School for Nurses

THE first of July, 1905, the Boston Association for the Relief and Control of Tuberculosis founded a day camp for the care of consumptives on Parker Hill, in Roxbury. The chief object was the education of the patient in the care of himself and his sputum, to prevent the spread of the disease, to emphasize which several simple talks on hygiene were given through the summer by one of the physicians of the tuberculosis department of the Boston Dispensary. The aim of the camp was to accomplish the maximum of good with the minimum of expense. Physically, small results were expected on account of the limited length of time the experiment could continue, as all plumbing was temporary and on the surface, so that the first cold would cause freezing of pipes. This is the pioneer camp of its kind in this country, being modelled after similar ones abroad, especially those in Berlin, where the results have been so gratifying that the German government has interested itself in their maintenance.

Parker Hill is 220 feet above the sea, and is admirably suited for this work on account of abundance of sun and fresh air. An old orchard, containing about two acres, gave ample space for moving about in the shade on hot days, and also opportunity for patients to be by themselves for quiet, or their afternoon nap.

The equipment of the camp consists of a large tent, 20x50 feet, with raised floor, used as a dining-room, with movable tables, so it could be used for shelter in stormy weather. At one end was the staff dining-table, and a table for books, games, and magazines. There were three smaller tents, each 10x12 feet, one for the caretaker, who remained at night, one for the storage of reclining chairs and couches, and the administration tent, containing scales and medical supplies. The kitchen was a "lean-to" against a shed, with curtains across the front, as protection from rain. One-half of this was boarded in, for a pantry, and contained groceries, ice-chest and milk-cooler. There were shelves along the open part, holding dishes and cooking utensils; this part also contained range, boiler, sink and serving table. The water-tank, holding one hundred gallons, was on the kitchen roof. Sanitariums, for men and women, were built at rear of grounds, and fitted with open plumbing of the simplest nature. All drainage emptied into the city sewer, some 250 feet

*Read at the March, 1906, meeting of the Boston City Hospital Nurses' Club

away. There were two benches, one for men and one for women, with basins and pitchers for washing especially before eating, the wash water being emptied into pails and carried away after each meal by the caretaker. These benches, utensils, and the sanitariums, were washed thoroughly each day in disinfectant, corrosive 1-1000 being used. The incinerator was a cast-iron ash-barrel, square holes in the sides, near the bottom, causing a draft. A close wooden cover was used through the day, but at time of burning, each evening, it was replaced by one of fine wire netting, so that no particles of any size could escape. Paper, saturated with oil, and a few fine pieces of wood in the bottom of the can, never failed to make a good blaze and burn to ashes whatever was to be destroyed. Shoe boxes were furnished by several large department stores and were kept on shelves in a closet built against the shed; these were marked with patient's name and contained his soap and towel, the latter being given fresh each morning. No box was ever used but by one patient, and often replaced if broken or soiled. There were six couches, three with springs and mattress, and three army cots. The mattresses and cots were burned at end of season. Reclining chairs, and blankets for cooler weather, were furnished each patient. The tables were covered with white enameled cloth, and, with green and white dishes, nickel-plated knives, forks and spoons, paper napkins and bright flowers were most attractive. The staff had a separate table and dishes, but were served with the same food, taking their dinner after the patients.

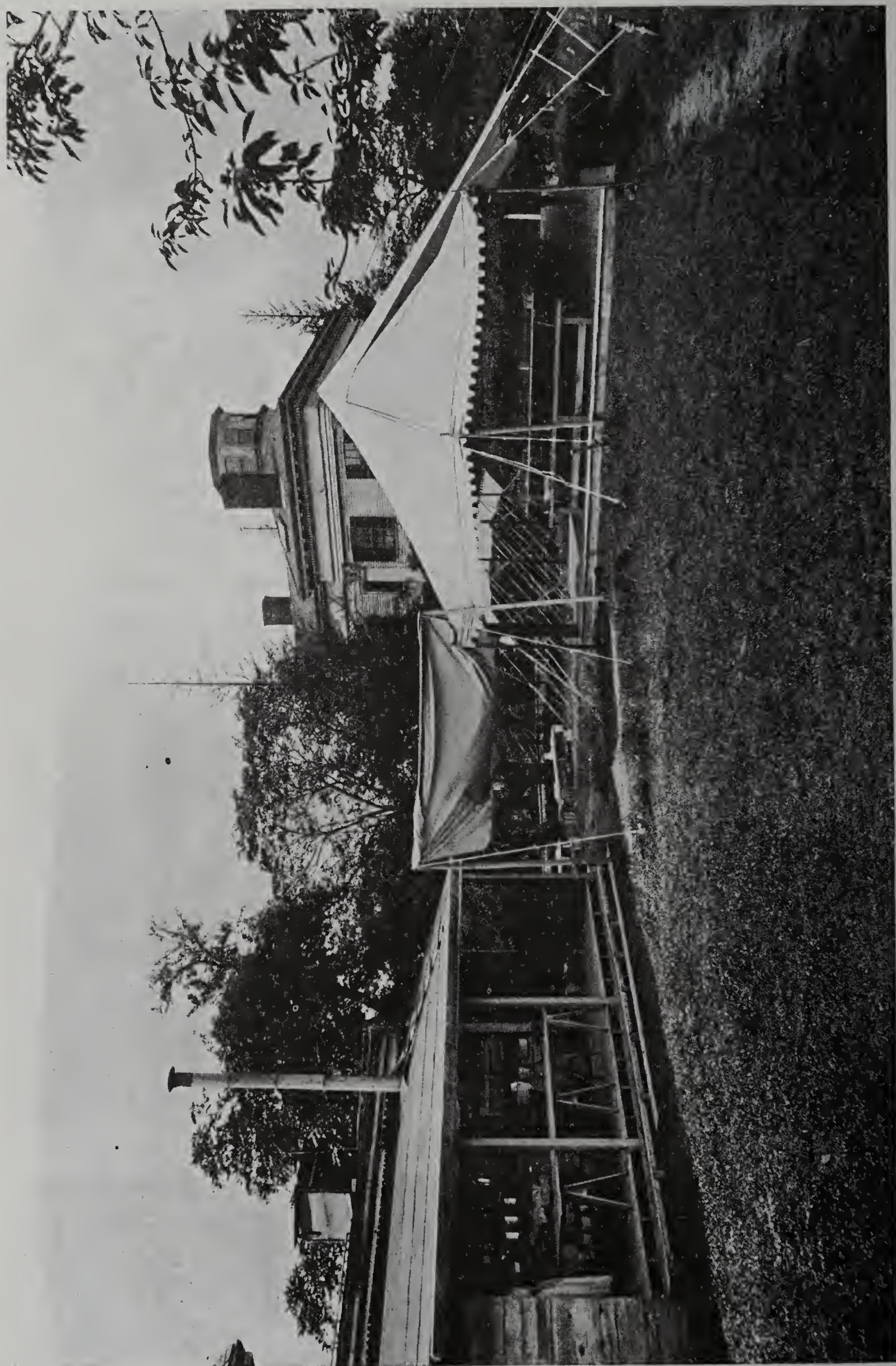
The daily capacity of a camp as described above was for 60 patients, and the cost of fixtures and furniture was \$1,300, but much more expense was incurred than would be necessary in most locations. The cost per patient, per day, on a basis of forty, was 60 cents, but this is reduced 12½ cents if cost of carriage be excluded.

The staff consisted of a physician in charge and his assistants, a matron who was a graduate nurse, an assistant nurse (who was in training in a nearby hospital), a caretaker, who was also night watchman, a cook, and a kitchen helper and laundress combined. The latter part of the season the work of the caretaker was divided among three of the patients, each being paid in proportion to the amount of service given. All, save the physicians, received salaries.

The patients who applied for treatment came through hospitals, dispensaries, or from private physicians, so that when the camp closed there would be some one to whom they would return for oversight or in case of any acute illness while with us, as no medicine was given



CAMP FOR TUBERCULOSIS PATIENTS, PARKER HILL, ROXBURY, MASS.



KITCHEN AND DINING-TENT FOR CAMP FOR TUBERCULOSIS PATIENTS, PARKER HILL, ROXBURY, MASS.

except for obstinate cough, dyspepsia, constipation or diarrhœa.

The camp was supported by voluntary contributions, but each patient paid 25 cents per day or that fraction which he could afford. About one-seventh paid something, while many had to ask for car-fares. All were to be able to walk down the hill, but a carriage, making four trips between 8 and 10 o'clock each morning, brought them from Roxbury Crossing to the camp.

On stormy days the carriage was not sent, but anyone able to walk up was welcome. At the outset only four (4) or five (5) were able to do this, but later about twenty could walk up slowly without injury to themselves.

The patients were weighed once a week—body weight—using a sheet weighing $1\frac{3}{4}$ pounds. Chests were examined once a month, and temperature and pulse taken morning and afternoon. All were given paper bags and napkins cut in quarters, for their sputum, the women having a chatelaine bag made in two parts, the inner made of stock sheeting easily sterilized, and containing the paper bag with moist sputum, the outer of denim, which could be laundered, and holding dry papers. These were furnished to all, and cost to make, 35 cents. If able, the patients paid 25 cents for them. The paper bags, on becoming full or moist, were placed in the incinerator and fresh ones supplied. A patient was expected never to be without one.

There were really no rules, with the exception of one in regard to expectoration on the ground, which was rigidly enforced. Patients were told why they should not do this and warned of the danger for themselves as well as others. Many at the camp were ex-Rutland patients, and helped the others to understand the importance of this matter, and it was only necessary to reprimand twice during the season.

At first many required the rest treatment, but, at the close, only two, and those recent arrivals, one of them being a hæmorrhage case (the only one of the season) who was brought daily back and forth from his home by his employer, so that he might have better surroundings; the other, a patient from North Cambridge, who had all the exercise he was able to take in getting to the camp. He was kept on a couch and his meals served on a tray. The women were encouraged to bring their sewing or fancy work; games and reading matter were furnished, and the patients urged and helped to have all possible enjoyment, realizing that the mental condition is such an important factor in the recovery of these cases.

The patients willingly helped in the lighter work, the women setting the tables and clearing them, and the men wiping the dishes, the latter being first placed in boiling water, then washed thoroughly and again scalded. The diet was considered most important. All food was well cooked and as daintily served as possible. A lunch of bread and butter and milk—all that a patient could take—with additional raw eggs if needed, was served at 9.45 in the morning and, in many cases, was the patient's first meal. For this reason a much heartier lunch was given than might seem necessary. At noon a hearty dinner of meat or fish, potatoes or rice, one other vegetable, with a simple pudding—preferably made of milk and eggs,—or fruit with plain cake, fancy crackers or gingerbread. At 4 o'clock another lunch, similar to that of the morning, was given. Each patient was found to average over three pints of milk daily. On cold days hot milk or cocoa was given at the lunches. The dinner was served cafeteria style, each patient waiting upon himself, and it was accomplished with very little disturbance. The matron had oversight of the serving, thus looking after the individual taste of each patient, and observing amount of food taken.

The mental condition of the patient was carefully watched. The matron saw each patient alone on his arrival, and encouraged him to talk of himself and his home life, and relieved as much as possible the many anxieties and sorrows that come to those who are, from illness, dependent on their friends or some one of the many charities for support. Never could there be exhibited a more kindly, helpful feeling, one for another, than was seen and felt by all on the Hill; and when one realizes that there were Americans (white and colored), Irish, Germans, Russian Jews, Italians, French Canadians, Swedes, English and Chinese, this fact is all the more remarkable.

The results of the experiment were most satisfactory and interesting. There was a noticeable improvement from the start in eating and sleeping, and diminution in night sweats. The decrease in coughing and expectoration, and the improvement in general condition, pulses and temperatures, was most marked after September first. There were 128 cases at the camp during the season—ages varied from 8 to 64 years,—the majority being men. One-third showed gain in lung condition. The maximum gain was $20\frac{1}{2}$ pounds in 17 weeks, with a maximum loss of 9 pounds in 9 weeks. Out of 78 cases that remained three weeks or over, 59 gained and 19 lost. Some few (5 or 6) will be able to do light work during the winter. Ten cases were sent to Rutland; one case improved so that it wasn't

necessary to go, after acceptance; two cases improved so as to go home to Ireland. Few of the cases were in the incipient stage, but were so far advanced that no marked improvement could be expected.

Such a camp as the above is in no way to be compared with a properly-equipped sanatorium, but it admirably supplements the treatment given at home by physicians or the hospitals to a large class of consumptives who cannot be in such institutions.

PROBLEMS IN PRIVATE NURSING

By A LAKESIDE GRADUATE,
CLEVELAND, OHIO.

PROBABLY the most difficult of problems are those which can be overcome with the coöperation of institutional workers and private nurses.

Much has been done toward the specifying of a nurse's duty in a private home, and now we seldom go into a home where it is not understood that the nurse has only to deal with the patient and is not expected to attend to the management of the household, servants, etc. In an emergency, however, the tactful nurse rises to the occasion and manages servants and friends to the best of her ability. "What can't be cured must be endured," and best of all does this apply to the sometimes troublesome problem of friends or servants, which are always with us. Each nurse has her own way of dealing with these ever-present and always-different difficulties, and ways of managing households, friends and servants can not here be planned. The good nurse simply solves the problem, and there's an end to it.

The more difficult problems which custom has established and need to be overcome are the problems which need our united efforts to remedy. (a) If our *unlimited hours of duty* should be changed to a limited number of hours, whether the case be critical or convalescent, some of our time might be claimed by our *alumnæ* associations, some time applied to our own advancement and pleasure, and the inevitable rut in which the private nurse soon finds herself could be avoided.

The nurse who enters a private home as one of the family, needs more than anyone else, the contact of the outside world,—in books, in current events; in fact, instead of knowing a little of everything feels that she needs to know a great deal of everything.

(b) *Her rest during critical cases.* At present, conditions are such that when only one nurse is employed on a case she cannot secure a reasonable amount of rest and recreation. To be relieved six hours after a strenuous duty of eighteen or twenty-four hours is surely unjust, and all sympathizers in the profession feel the injustice but are helpless in the righting of it.

If the case is in a private home the nurse usually takes her six hour's rest in divided time, the family, and occasionally the physician, relieving her; this is not real rest, and relaxation is impossible.

On the other hand, if the case is in the hospital, the nurse is relieved for six hours of all responsibility, but the disturbance in *all* nurses' quarters is so great during the day that authorities are unable to insure her quiet rest and she has no time for fresh air.

Steps are being taken in at least one hospital in our city to secure the twelve-hour system for special nurses and thus give them abundant time for both rest and fresh air. When all superintendents of training-schools feel the need of such time for their graduates, the general public will soon see the need of the same rest and our regular hours may not be so very far distant.

Nursing is a business, and should be run on a business basis. For a specified sum of money we give an unlimited number of hours' work out of each twenty-four with our best efforts. Would it not be more to the point and more satisfactory to all parties concerned if with our best efforts a specified number of hours be given the patient?

(c) *The question of rest in convalescent cases* can usually be managed satisfactorily by the nurse. A systematic treatment of the case for the pleasure of the patient and convenience of the family and herself is not a difficult matter.

(d) The graduate nurse's apartments are not what she most desires, but what she can best afford. We find the mass of nurses in apartments without housekeeper or anyone to answer telephone when all nurses are out on cases. She must see that the apartment is cared for, the necessary bills paid, laundry must be looked after, and many other duties incident to good housekeeping. She must assume the responsibility of her apartments, because she must live at the minimum expense. If the pleasures of flat life did not far exceed the problems of the life there, all our nurses would probably be scattered in various boarding-houses with no place which could ever seem home-like, and would miss the frequent meeting with other nurses. We live most independently and inexpensively, and with a Central Registry to report whenever away from our apartments,

we feel that we are not so very far from "The Nurses' Club House," where our work may be carried on in more business-like methods.

(e) *A nurse's rest between cases* is often a very important matter, and too often she needs a rest, and the physician, pleased with her work on his previous cases, thinks the case may not be difficult and insists on her taking it. She does not want to inconvenience the physician and takes the case, too much tired out to care for the patient satisfactorily, and in the end needs to go away for a "long rest" which she cannot afford. Finally her general health is broken down and her calls diminish. Physicians are ready to employ the more rugged nurses.

If we manage our vacations and rest with our health always in mind, the ten-year limit put on the nurse's life will find us capable and well-preserved and ready for a second decade of work.

(f) *Remuneration.* The nurse who does considerable hospital work must find the difference in her pay while there a problem, especially if she is with a case a long time. While in a hospital her laundry bill is larger, her quiet rest is not assured, her meals are no better, and her pay is diminished \$5.00 each week. She does enjoy the mingling with other nurses and coming in touch with hospital cases, but should this cost her \$5.00 per week?

Furthermore, she often goes home with her patient for a few days, sometimes a few weeks, and must ask the regulation price (\$25.00 per week outside the hospital). She has less to do for her patient, has better food, and often more than the regulation two hours off duty, and for this she charges \$5.00 per week. It is invariably commented on by the patient, if not objecting to the extra charge the injustice of the reduced pay during the most critical time of the patient's illness. Such a case always places the nurse in an embarrassing position. She can only say that it is custom to charge a smaller fee for cases in hospitals, but this does not right the wrong, and should a nurse not have the same remuneration wherever a patient claims her time, whether in hospital, home or hotel? As a rule this difference in pay does not mean as much to the patient as to the nurse. With people of limited means we find the majority of nurses ever ready to *give* a portion of their time.

Enough has been said both of big and little difficulties. Many of them will soon be righted and our pleasures and profits far exceed our problems.

THE OPPORTUNITY OF THE NURSE IN PRIVATE DUTY *

By CORA M. BIRDSELL,
South Bend, Indiana.

THE subject of this paper covers a broad field, and in the time allotted it will be possible only to touch on a few lines.

The opportunities of a nurse in private duty are many and varied. It has been my experience that the more I have considered the question, the more sides it seemed to take. It is like a prism in the sunlight, which, in turning, shows different lights and colors, sometimes scattering, then again blending. The longer we examine it, the more fascinating we find it. We are always able to find a different light and throw beautiful shadows on the wall. So, like the prism is the life of the nurse. If she be of the right material, and properly cut and trimmed, she will reflect the sunlight and brightness into the dark and gloomy corners of the lives of the people.

In the addition of the department devoted to the exclusive interests of private nurses, the AMERICAN JOURNAL OF NURSING has scored a strong point. This fills a long-felt want. Nurses who have been doing private work for years, almost without realizing it get into a rut. We should each make a special effort to guard against this. We have so little opportunity to mingle with others of our profession, but often on duty, when our patient has callers or is sleeping, we can pick up the JOURNAL and find something interesting, as well as helpful. It will be refreshing on some still midnight watch, to find a sketch from another nurse, like ourselves, telling of her experiences. It will be almost like a letter, or a heart-to-heart talk with a friend. We almost forget, at times, that there are other nurses in the world. We imagine that no one can do quite as well as we. This is a very mistaken idea. It may do very well for a while, but in after years we will find ourselves pushed back, and newer nurses, fresh from the training-schools, taking our places. It behooves us then to keep well informed. There are always new ideas coming up, and we should make a strenuous effort to keep abreast of the times. Let us not drop back in the ranks. Remember that the road to success is labeled "Push."

Those who have not already subscribed to some nursing journal, should lose no time in doing so. I think no nurse can afford to be without it. There are many nursing journals, and very good ones.

*Read at the meeting of the Indiana State Nurses' Association.

But the AMERICAN JOURNAL OF NURSING is the only one edited and carried on entirely by nurses. So it is only natural that it should stand at the head of the list.

The life of the physician is a noble one, carrying life and hope about with him. Forgetting sometimes to eat or sleep, in his anxiety over some patient under his care, he certainly is doing his part in the great problems of life.

Leaders in philanthropic societies are doing wonderful things in educating the people; and in their faithfulness and zeal wonderful developments are opening and progressing along our line of work. The visiting nurse, for instance; the settlement nurse among the poor; the public-school nurse, alleviating and preventing sickness among all classes of children; also the growth of the hospitals and sanatoria for tuberculosis.

But it falls to the nurse in private duty to discover the little things that are often the causes of disease. And isn't it the proficiency in the little things that, in a great measure, makes the nurse the power in the household that she is?

Surely there is no one who is nearer to the heart of the family than the nurse. We are always receiving confidences from our patients or members of the household, some not altogether pleasant, but others that fill us with gratitude that we are allowed to hear. The old saying that "It is better to be a good listener than a good talker" is especially true of the nurse.

It is not of much interest to us how old Johnnie was when he had the mumps, or how many times he has cut his finger. It is often tiresome to listen to a long category of aches and pains, but it is not wise to show our feelings. Some people can't understand that we care for anything outside of the sick-room, and make a special effort to give us the history of every case of influenza or lumbago that has occurred in the family.

On entering a home, the first thing necessary is to gain the confidence of the patient as well as the household. If we fail to obtain this confidence, our services are not of much value.

One of our most successful physicians said once in a little talk to our nurses, that on first entering the sick-room we should be "all-wise." I think that has helped me more than any other one thing in my work. For without the appearance of confidence in ourselves, we cannot inspire it in others.

We are often, then, able to drop suggestions about conditions which really needed attention, but we have no right to demand changes outside of the sick-room, and it would do little good if we did.

Many families of to-day are alive to the sanitary laws, and there seems little need for our help in this direction. But even in well-regulated families there are often little things very improper and unsanitary. The family drinking-cup, for instance. Many people who wouldn't think of drinking tea or water at the table after others, will use the common cup hanging at the hydrant or the well, which perhaps for days has not been washed. In the suburbs or the country, where the water is brought in a pail to the house, one will often see the children clamber up to the pail, get the dipper brimful, drink a few swallows, and then drop the remainder with the dipper back into the pail. This is unsanitary, under any circumstances, but supposing one member of the family has a chronic case of throat trouble, or even a tubercular tendency, then it becomes absolutely dangerous. I believe that many hereditary diseases might be attributed to this cause and similar ones.

There are many times that we would not be able to do any good, but often with a little diplomacy and ingenuity we can eliminate the little things and so assist in a small way what the large organizations are trying to accomplish. If all the nurses in the United States would band together to make war against the little things, what a revolution our country would undergo. And perhaps some of us would have to wash dishes. But there are so many new avenues opening all the time along lines of our work that there is little danger that employment for all will not continue.

There is one class of people among whom our efforts will be the most fruitful. We nearly all have experience with them. Families who are in comfortable circumstances, yet have no knowledge of what is transpiring outside of their immediate community. Their library will often consist of the German Bible, and one or two detective stories.

An experience of this kind came to my notice. A nurse was called, and on her arrival found six members of the family with typhoid. The house had been converted into a hospital, and a summer kitchen served as kitchen and dining-room and general assembly room. During the night, on hurrying from the kitchen, the nurse missed her footing and fell, spraining her ankle, which necessitated her return home the following day. Some of her friends treated this as a joke, inferring that it was intentional on her part. But this was not the case, for she was interested, and would certainly have stayed if the accident had not occurred. However, one of the doctors, not the one on the case, consoled her by saying he was glad it did occur.

He thought an accident of that nature less serious than a siege with typhoid. On asking about the sanitary conditions he said the typhoid infection was probably carried by flies.

Before her arrival each patient had had a daily bath, as well as a change of bed-linen. The carpets had all been taken up, and the floors were frequently scrubbed. The well was too deep to cause trouble; the cows had been examined and found in good condition, but the air was black with flies. There was an attempt at mosquito netting at the windows in the house, but in the shed of a kitchen, the flies had full sway. At the table, one of the women kept a cloth swaying over the food with one hand while she ate with the other, but when she needed both hands, or for any reason she had to leave, the flies would gather in swarms on the food.

A short time after this, another nurse was sent to the same community to care for four typhoids in one family. It is quite possible that some of the same flies that were at the first place had found their way to the second.

Of course, it is hard to keep free from flies, but it would certainly have been vastly better to have fought them all summer than to have that terrible siege. Suggestions from a nurse about screens, tangle-foot, the care of scraps and slops, and general cleanliness, would be taken more kindly than any demands made by the health officer.

Above all, let us insist upon fresh air. Why is it that so many people are afraid of the pure, sweet air? Primitive man had plenty of it. The Indian sat in his wigwam on the cold winter's day with the air creeping under the edges of his tent, or seeping through holes of the rough skins, and he was hardy and healthy. Yet civilization brings with it the fear lest some cold air shall get into our houses. This is a point on which we should all stand firm, and by all means have fresh air. Often we have surrounded our patient with hot-water bottles and spread extra blankets from his chin to his toes, then opened wide the windows and let the air sail through the room. Many a time, some member of the family has been horrified at this procedure; but after a few repetitions, with no harm done, their fears will be somewhat allayed, and especially will the patient enjoy his outing. The prejudiced aunt or grandmother may put on her thinking-cap and decide that after all perhaps you did know best. Your patient will nearly always be of your mind.

And with fresh air comes sunshine. Open the blinds and flood the rooms with sunshine. Our health is of more importance than carpets and rugs.

Then let us have clean bed-linen; clean towels on the dressers and tables. Nothing delights a patient more than to be clean and to see clean things about him. In South Bend twenty-five flat pieces can be laundered for 25 cents; then is there any excuse for us to be saving of laundry bills? Isn't this one of the things that distinguishes our profession of to-day from the Sarah Gamp idea?

We should always keep in mind that we owe a duty to our profession, and assist in ennobling and up-building it as our predecessors have done. We should have a higher aim than simply what we can get out of it. There are others yet to come, and it is our duty to help pave the way for them. Much has been done to make our way easier.

Many times we are the first nurses in the home. We should endeavor to do our best, for so much depends on first impressions. Families who have already employed trained nurses always hail the coming of a nurse with delight, if their previous experience has been satisfactory. They feel that the care and responsibility is greatly lessened. It is a momentous question for friends to leave their loved ones to strangers. Therefore, it is a terrible thing for us not to do our best and live up to our colors.

Right here, I would like to plead for personal cleanliness, a most necessary virtue for a nurse. We cannot preach sanitation, or cleanliness, to others, without those attributes ourselves. One lady speaking of a nurse she had employed, said she "couldn't endure her, she was too sloppy." We hate to hear these things about our fellow nurses. The article in a recent JOURNAL, about wearing the uniforms on the street, is one for us to consider, for it stands to reason that it would be more proper to keep our clothes free from the contamination of the streets. And it would be better to keep the uniforms for the house alone, especially in surgical and obstetrical cases. Of course, this involves more trouble and time. So let us turn our attention to the making of our uniforms, as well as our street clothes, and discover the best methods for a speedy toilet.

One gentleman on hearing the subject of this paper, said, "I think one of the greatest opportunities of a nurse is in using mental suggestion." It is a strong point, and should be cultivated. The patient's mind is weak, as well as the body, and can scarcely help being influenced by a strong mind. Keep the mind as free from worry as possible. The sight of the calm face of the nurse is reassuring, and it is always wise in severe cases to keep any from the sick-room who are apt to disturb the patient. If you need an assistant, choose the least excitable one of the family. Impress upon that one the necessity of quiet and cheerfulness.

It is hard when we are worn and tired, and escape from the sick-room for a few moments, to be pounced upon by anxious friends, who pelt us with questions, begin to shed tears, and often try to collapse in our arms. We must remain calm, and reassure them as best we can. But we must save our best strength for the sick-room.

Another physician's suggestion, as to our attitude toward the help in the house, I have always remembered,—that we should be agreeable, and not make any more work than is necessary. A nurse is only in the house a short time, and it quite upsets the family when we make it so unpleasant that the servants are apt to leave. The mistress of the house, especially if she is the patient, cannot afford to lose a good maid. It is not necessary for us to be intimate with them, but we should treat them with respect.

A nurse should be capable of adapting herself to all families. We are called among all kinds of people. We should take things as we find them, and not show surprise or the repulsion that we might feel.

We should not only remain loyal to the physician, but we should in every way possible assist him. The physician's life is even harder than ours, and it is our duty to lighten his burden when we can. If we have had an extremely hard case, when it is over we can slip away and hide ourselves for a few days, while the physician has to remain at the daily grind, and probably will have another case equally as serious as ours, and oftentimes he cannot ask the patient to employ a nurse. The physician has always been our most loyal friend. So let us reciprocate and remain loyal to him.

Then we owe a duty to each other. We are nurses, and all free Americans, and have equal rights. Let us be loyal to each other. Our association work and state registration is bringing about a closer relationship and breaking down the barriers of jealousy and prejudice between different schools.

One lady that I have recently been with told about a time when three nurses were employed in her family, each one having a different patient, and each one a graduate of a different school. They scrapped, as she expressed it, all of the time. One wouldn't even go up the same stairs as another. An occurrence like that is disgraceful, and a nurse should be above such petty things. It would be far better to be generous and give in to the others than have scenes like that. I am glad to state that this did not occur in Indiana.

The last point I wish to make is "Be cheerful." No one wants a cross nurse about them. Happiness is one of the best antidotes

for microbes. A contented mind is a better digestant than pepsin or charcoal tablets. The nurse should be the last in the household to display a temper. There are many families who can be kind and pleasant enough among acquaintances, but who cannot be suited with anything at home. The nurse, in her nearness to the family, with her sunny presence and gentle ways, cannot help but be an influence in the family circle, as well as to dispel clouds of gloom from the patient's mind. Let us keep in mind those familiar lines:

It is easy enough to be pleasant
When life flows along like a song,
But the man worth while is the man that will smile
When everything goes dead wrong.

AN IDEAL CENTRAL DIRECTORY

By GRACE HOLMES

Secretary Ramsey County Graduate Nurses' Association, St. Paul, Minnesota

[We were most delightfully entertained at the club-house by the St. Paul nurses last fall, and found it to be a most home-like and attractive place, such as the nurses of every city should have.—ED.]

REPLYING to the JOURNAL'S request (in the March issue) for information regarding central registries our president has asked me to prepare for publication a brief account of our venture in that field.

In 1898 Miss Thereasa Ericksen, of a Minneapolis training-school (later with the army in Cuba and the Philippines), a nurse of exceptional energy and far-sightedness, started a movement for a central registry. Her reason for doing so was that each St. Paul school had a registry of its own and we, who locally are called "foreign nurses," had nowhere to register except in the drug-store, "Free Directories," with the mixed multitude of "experienced nurses,"—a most unsatisfactory arrangement, as many of our older nurses throughout the states can testify.

Miss Ericksen spent much time and energy in talking up her scheme with physicians and nurses, and aroused sufficient interest to be able to get us together in the fall. We organized the "Ramsey County Graduate Nurses' Association," with a woman physician as president, and about twenty members.

The following year we elected a nurse (our present president), and at no time since has anyone not a graduate nurse had a voice in the business and management of the association.

The first anxious question was the establishment of a registry. Our first annual fee was three dollars and, with but twenty members, clearly we could not do much.

The Ramsey County Medical Society, always a warm friend and supporter, allowed us to place our registry in their library under the care of their librarian, to whose salary we made a small addition—twelve dollars, if my memory serves me well. Of course we paid our own bills for 'phones, etc.

While the library was closed a list of our "off duty" nurses could always be found at "Hall's drug-store," where we received much kind and faithful and gratuitous care. But the store also was closed at night! A funny, mixed arrangement, but still a step in the right direction.

We struggled on this way for about two years, our membership growing slowly all the time,—slowly, because the local graduates did not *need* us and the majority of them did not appreciate the possibilities of the thing.

In 1900 Miss I. S. Sweetman, graduate of our St. Luke's, opened a residence for the nurses of her own school, with room for some twenty women. This body is called the "Nurses' Club," but is absolutely separate and distinct from the association, and originally few of its members belonged to us. Indeed they, of necessity, had a little registry of their own.

Here was our opportunity. A small registry is as confining to the registrar as a large one, and after much discussion, and at the expense of the loss of a few anti-St. Luke's members, we finally started our third year under Miss Sweetman's able care.

Upon making this move we absorbed all the residents at the club, and at the same time raised our fee to five dollars, where it still remains.

The local schools did not at once abandon their registries. Indeed, one school still keeps it up, though we have some of its graduates. We have substantially all the graduates of the other schools, and of course all of the "foreigners."

A great many nurses have come and gone. To-day we have one hundred and twenty, and add a few each month.

Some money we always lose, but our income is above five hundred dollars a year, and beside, the registrar's salary (which is now \$300) and

our quarter page in the advertising department of the "St. Paul Medical Journal," and other expenses, we make decent little contributions to some local interests, charities, etc.

We defrayed part of the expense of the initial work in forming the Minnesota State Nurses' Association, which organization we are proud to say received its first impulse from our association.

We never assess our members, and *always* have a balance in the treasury.

Socially, besides a few entertainments for distinguished visitors (like the editor-in-chief of the JOURNAL), we have a social hour, with refreshments, after each business meeting. Our attendance is averaging about twenty, and so far this year nine schools have been represented at the meetings, which are held monthly at the club.

I believe the social hour is far-reaching for good in its results. Slowly but surely school lines are disappearing and each woman stands on her own merits.

The Medical Library is open to us at all times, and we have our own magazines filed there.

Some years we have had a course of post-graduate lectures by physicians. The past year we have devoted ourselves exclusively to organization plans, our most active members also being in the forefront of the State work.

The association and the registry are so bound up together that it is difficult to speak of one without including the other.

In the community we hold an honored place. No serious complaint has ever come from the outside, and inside petty jealousies are almost unknown. Yet, be it well remembered, that the most successful registry will not be able to keep an unpopular nurse busy. A registry for nurses is not an Employment bureau, it is an Information bureau only, and a central registry will inevitably be a sifter.

Of the registry proper: It is in fine running order. We have often said, "Miss Sweetman is the registry." Every nurse in St. Paul knows her, every physician in the northwest knows her, and she knows everybody and everything.

Personally she is a charming lady—a woman of exceptional ability,—resourceful, energetic, and of high integrity.

We can wish nothing better for any struggling central registry than to fall into the hands of such a registrar.

THE ALCOHOL SWEAT

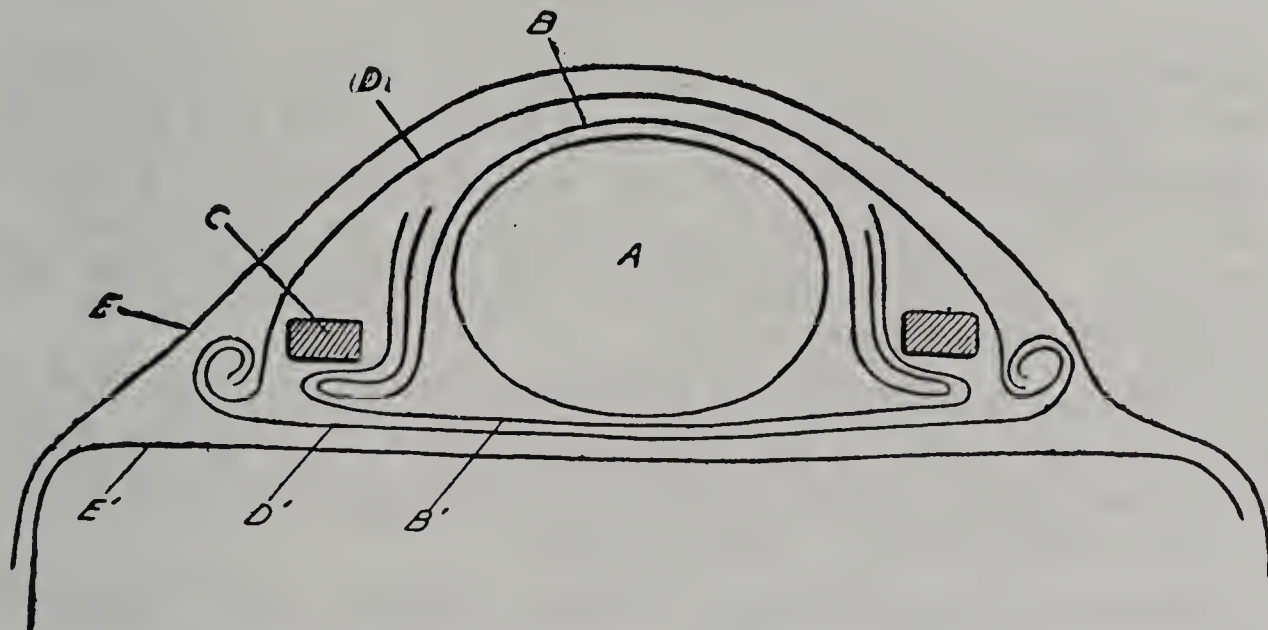
By M. GRACE MATTHEW

Washington County Hospital, Hagerstown, Md.

THE alcohol sweat is a diaphoretic treatment that is not generally known but is very useful in the case of patients who are too weak to use the cabinet sweat. It has no diuretic effect but the diaphoretic effect is marked. The appliances needed are:

- | | | |
|--|---|------------------|
| 4 woollen blankets, | } | all well heated, |
| 2 rubber sheets 6'4" x 4'6", | | |
| 1 bath towel, | | |
| 1 face towel, | | |
| 1 nightgown, | | |
| 9 bricks heated in oven 1½ hour before being used, | | |
| 9 covers for bricks, | | |
| 1 basin of ice with two compresses for the head, | | |
| 1 bottle alcohol 70 per cent., | | |
| 1 glass and drinking tube, | | |
| 1 pitcher hot lemonade. | | |

Procedure.—Have everything ready at the bedside, bringing the hot bricks in their bags on a tray. Over the patient put a blanket and fold the upper bedclothes down over the foot of the bed. Under the patient put a blanket, a rubber sheet and another blanket. Remove the nightgown. Take the sides of the upper and lower inside blankets together and turn back against the patient on each side, which makes three thicknesses of blanket between the brick and the lower rubber sheet and patient. This is called the "trough." Repeat this at the



Cross section showing arrangement of patient, blankets, bricks, and rubber sheets in an alcohol sweat: *a*, patient; *b*, upper inside blanket; *b'*, lower inside blanket; *c*, hot brick; *d*, upper rubber sheet; *d'*, lower rubber sheet; *e*, upper outer blanket; *e'*, lower outer blanket.

foot. Over the upper inside blanket spread the remaining rubber sheet and fold sides back over patient, leaving the trough exposed. Now place four bricks covered with their bags in the trough on one side, being extremely careful that they are not too close to the patient. Pour the alcohol over all four bricks and quickly roll the edges of upper and lower rubber sheets together. Repeat at the other side and the foot. See that the blankets and rubber sheets come well over shoulders so that as little as possible of the heat and moisture will escape. Over all spread the remaining blanket and bring the bed-clothes up over this.

Apply cold compresses to the head continuously and encourage the patient to drink freely of the lemonade. Watch the pulse closely at the temporal artery. If the pulse remains good the patient remains in the sweat one hour, when the bricks and the blanket and rubber sheet directly above and below are removed. The patient is rubbed dry with a hot towel and left between the other blankets until he has ceased perspiring. The blankets are then removed and the patient rubbed briskly all over with warm alcohol and the hot night-gown put on.

Avoid chilling the surface during or after this treatment. If the patient is delirious or unconscious, the nurse must not leave him, as the slightest movement might lead to severe burns.

HOSPITAL SKETCHES.

By KATHARINE DE WITT
Graduate Illinois Training School

(Continued from page 459.)

FEBRUARY 10—Monday.—My funny Irish woman, Mrs. Maloney, is much dissatisfied with the nurses and doctors. She says they ought to be middle-aged people. We had a horrid afternoon, a rushing, tumbling kind. I had to fly to get around, yet the patients were unusually kind. Bridget encouraged me in her rough way. Poor Alice had a sinking spell and was so sick.

FEBRUARY 11—Tuesday.—A probationer was put into our ward and under my special care. I am having good times teaching her, for she is so nice and quick to learn. We have a patient poisoned with carbolic acid, who is doing nicely. Alice is better.

FEBRUARY 12—Wednesday.—Chaos, rushing, and weariness! Another case of attempted suicide.

FEBRUARY 13—Thursday.—A little negro girl, one of my patients, died this morning. She had only been in a day and was very sick, poor

child. She had told me while I was trying to clean her nails, against her express desire, that I was not a good nurse, being too determined. A new stretcher case was brought in. It is the worst morning we have had. Poor Miss Dunstan gave up and cried.

FEBRUARY 14—Friday.—Miss Thayer is back, and we are so glad. Things will go better now. Our nice little probationer has patients of her own and is doing beautifully. Poor Nellie is very much worse. I have had such a fancy for the child ever since she came in, and she has wanted me to do everything for her. She is delirious now, and knows no one; I do hope she will get well. I bathed five and one-half people this morning. One woman I fixed had a double nail on one toe and she told me she used to have six toes on her left foot, but one had been amputated.

FEBRUARY 15—Saturday.—We didn't half get through our work. We had four new cases, one on a stretcher and two in wheeled chairs. Seven of the patients have to sleep on the floor. We have over sixty.

FEBRUARY 16—Sunday.—Was on in the morning and the work went beautifully.

FEBRUARY 17—Monday.—Alice gave me fifty cents to spend for her, and asked me to get two envelopes, two sheets of paper, two stamps, a can of honey, and some gingersnaps. Nellie knew me for the first time in ever so long, but she is no better.

FEBRUARY 18—Tuesday.—Miss Thayer called the nurses together and told us we *must* finish our work on time. Then she divided it differently and gave me two private rooms and four patients in the ward. That gives me ten patients in all; six are typhoids, and all are very sick. Nellie is my patient now, but is too sick to know it. I have a homesick little Bohemian, and a repulsive paralyzed woman. Two of my patients have bed-sores that have to be dressed every day.

FEBRUARY 19—Wednesday.—We watched all day a threatened case of abortion, but it didn't come off before we came away.

FEBRUARY 20—Thursday.—Miss Dunstan, our senior nurse, is sick, so I have the senior work,—medicines, temperatures, and the private rooms. Our ward is so full that eight sick patients have to sleep on the floor. We had to send away two of our best help, the night woman and the kitchen woman, because they fight so. Our case of abortion still hangs on.

FEBRUARY 21—Friday.—I have Annie to care for now, and she is funnier than ever. She is a little delirious yet, and when she does anything horrid and I talk to her about it, she opens her big black eyes and says, "Forgive me, nurse." When I am making her bed she

throws kisses to me and says, "Oh, dear little lady, oh, dear little nurse, don't wash my face so hard, please." It was all I could possibly do to get through my work in the morning. In the afternoon Miss Drake came up and found fault with me because I was not with the doctors who were treating our abortion patient, because I was not directing the work of the two probationers, who hadn't finished their morning work; because I had not swept the private rooms, or oiled Frances' face, or washed Nellie's feet, whereas, I had been feeding a girl by rectum every half hour and trying to finish the noon temperatures and to get out the two o'clock medicines, and hadn't time for anything else; but such is life. Miss Drake telephoned to Miss Thayer, who was taking her half day, that she must come back, and she did. Finally, Miss Fife appeared on the scene with uplifted hands and a look of horror, saying, "Really, Miss Thayer, Ward E will drive me distracted." When they had gone, we laughed, for we didn't feel a bit guilty; we had worked so hard and every necessary thing was done, though things did look horrid.

WASHINGTON'S BIRTHDAY—Saturday.—I was on in the morning and spent most of my time over Frances, giving her stimulants and hypodermic injections. We have sixty-five patients now. An extra row of beds has been put down the middle of the ward.

FEBRUARY 23—Sunday.—I was on in the morning again and had a terrific time getting through. I had to keep up poultices and fomentations, beside fixing fourteen patients. Poor Frances died last night.

FEBRUARY 24—Monday.—They have moved two very sick patients from the ward into my rooms and my hands are full. They have to have turpentine stupes kept up day and night. Nellie got out of bed to-day under the delusion that she had to move to Broadway. I had to tie her in bed after that. I tied one foot to the foot of the bed. Some time after, I found her looking sadly at that foot, and she said to me, "Nurse, won't you please release this prisoner? He has been tried and has proved himself clear; he was only one of a gang." It is very odd that though she is all the time delirious, she knows me, and though she won't answer one of my questions sensibly, she will take anything I give her, and makes a great fuss with any one else. Our abortion woman departed in pretty good health to-day.

FEBRUARY 25—Tuesday.—A horrid, vile day. I was so tired my legs wouldn't walk, and my arms wouldn't work, and I had so much to do. In the afternoon Miss Thayer asked me to print some labels, and then when I started, she sent me on errands everywhere, and each time

I went through the ward half a dozen patients would shout at me for something.

FEBRUARY 26—Wednesday.—Poor little 43, a Swedish girl, with golden hair and blue eyes, is getting worse so fast. I have to give her milk every fifteen minutes and a stupe every hour; 41 is very sick too.

FEBRUARY 27—Thursday.—41 died last night. I feel so sorry that I ever pulled her hair. It used to get so tangled I could hardly help it. The little Swedish girl is dying. Her doctor does not believe in stimulants, so we have just had to watch her grow worse and worse without doing anything for her. It does seem wicked. The two patients in my middle room always amuse me so much,—Nellie, and Bohemian Mary. I made some lemonade for them to-day and they were perfectly delighted. I used to think Mary very stupid, but she talks a little now in her broken English and says I am “awfoo good,” which makes me as happy as anything I have ever heard. She has a dreadful bed-sore.

FEBRUARY 28—Friday.—Nellie grows more amusing every day. She begs me every morning to make her some “clariont,” which is as near as she can get to lemonade. She asked Miss Gault to-day to bring her a few squirts of water. Mary is ever so much better, but her back is dreadful. She says it is “no good.” Sophie went away to-day; she has been one of my favorite patients, so pretty and timid and willing. She scrubbed my tables and chairs for me before she went. Annie was funny, too, to-day. When she did something she ought not and I said, “Oh, Annie!” she replied, “Poor little Annie’s going to die.” While I was changing the sheets, she tried to console me by throwing kisses.

I did not half finish my work to-day, but the patients have been so nice to me. One woman in the ward never fails to smile when I go by because when she first came I would not let them cut her hair, which was fearfully tangled, but after a half hour’s tug got it smooth.

NURSING ETHICS AND ETIQUETTE*

BY CHARLOTTE M. PERRY

Superintendent Faxton Hospital, Utica, N. Y.; Graduate Massachusetts
General Hospital

(Continued from page 514.)

It may be thought by some that neatness, punctuality, economy and quietness should come under etiquette rather than ethics. In reality they touch upon both. First, to regard them from the ethical stand-

* Lecture given to the pupil-nurses of Faxton Hospital.

point: A nurse's neatness promises fair for her surgical cleanliness, which is the fundamental principle of all surgery. An experienced person will be able to pick out from a large number of nurses those who show, by neatness of person, a regard for the surroundings of the sick, and the care bestowed upon patients, that they will qualify for good surgical work. This carefulness touches upon medical as well as upon surgical work, as in contagious diseases. And, then, there is another aspect to be considered. The patients who can give the fee which a nurse earns if her work is well done, are unwilling to throw away that which should ensure the attentive care which good breeding demands. A nurse who has been well brought up will heed those hygienic measures which are conducive to health; and besides this will look upon the surroundings and personal belongings of her patient as for the time being entrusted to her considerate oversight.

One can only touch upon a few points in the enumeration of the various qualities expected of the present-day nurse. Punctuality becomes an ethical principle in relation to the administration of drugs, to the carrying out of treatment, etc. Any failure to give medicine at the proper time should, of course, be reported at once, not given more frequently to make up for lost time. The hour for administering the dose should be immediately and clearly recorded, in order to avoid mistake. It must be remembered that nurses are very conspicuous in the eyes of their patients as to the manner of arranging their work. It is a source of comfort to see the same things being done in the same manner every day. It gives the impression that the nurse is intelligent and the master of her work; that she does not spoil it by forgetting when things are due, nor by trying too many notions and dodges every day.

A quiet manner is very agreeable to a sick person; whereas a bustling, jerky, hasty, destructive or careless manner soon becomes intolerable. Nurses should certainly hear something about this in their training, and shun what would prove so rasping and unbearable to those whose nerves are already unstrung by illness. Let it be impressed that noise jars a patient. The slamming of a door; the letting fall anything which with a little forethought might be firmly grasped; uncertain sounds, such as whispering; all these are particularly irritating, and should be avoided.

Economy in a nurse will find a ready approval almost everywhere and under any circumstances. Those possessed of means know the value of the same. A careful use of bed and table linen, of polished

surfaces, of choice rugs, in fact, of everything with which we have to do, will commend our work and create a confidence it is well to try to win. Toward the poor we owe a thoughtful consideration. Wastefulness under these circumstances would show a very callous spirit, there being no redress for the patient, who may be taking the bread from her children's mouths to raise the amount for services rendered. It may be said to the credit of nurses generally that they do not err so much in this direction as when they suppose their patients to possess wealth. But experience will soon bring it home that there is less and less of a disposition to employ wasteful nurses who cannot appreciate the value of things.

Etiquette.—This term implies a recognition on our part of our relation to others. Its fundamental principle is unselfishness. Society requires certain forms; it is very quick to place a person according to his observance of understood laws. Each profession is ruled by a standard of conduct. Nursing partakes of a military character. There are degrees of authority, and preferments are given to those competent to receive them. It is expected of nurses in training that they will render respect and absolute obedience to those placed over them; between equals there should be a manner of good faith and comradery; with juniors a certain formality should obtain; while towards all courtesy must be extended. Each rank with its obligations calls for a discriminating recognition on the part of the nurse. As she herself advances in the training-school, she will be assuming more and more responsibility, and should exercise any authority thus gained with discretion; never displaying it before those who remain still at the head, as, *e.g.*, giving directions in the presence of her superintendent, or carrying on a conversation over her head. Nor will she lord it over those younger than herself, asserting more authority than she really possesses. On the other hand, she will maintain a proper reserve towards juniors, that she may have a right influence with them, avoiding familiarity, which is incompatible with any sort of rule. Each stage of training should fit one for that immediately succeeding. Beginning at the first rung of the ladder, the new-comer will find the work graded; that which is more skilled in the hands of those who have become experienced; the practical teaching assigned to the head-nurses, or the older seniors who have been left in charge. This ensures method and thoroughness. It will be confusing enough for the probationer on arrival without having to turn to everyone for instruction. Quite contrary to such an arrangement, she will receive special attention from

her head nurse, and be taught to do the simpler things first with accuracy, then with despatch. These will consist mostly of the less difficult, but not less important duties, such as dusting, making of beds, care and disinfection of mattresses, pillows, rubber goods; cleaning of bathrooms, tubs, faucets, brasses, globes, bedsteads, utensils, all ledges and surfaces, refrigerators; setting up of trays, and seeing that patients are well served, that they have the proper diet, and that the helpless ones are fed. Nurses are responsible for the order of the hospital, and should early cultivate the habit of observation and orderliness. Probationers are to assist in keeping the wards, rooms and halls in perfect order continually. There will be other work, such as getting up and putting to bed of the convalescent patients (the lifting of sick patients should never be left to inexperienced persons), and fetching and carrying generally; only the juniors must not use this as a means of being waited upon. The listing of patient's clothing, safe storing of valuables, care of hair, taking of initial temperature, pulse and respiration, etc., will precede the actual care of a patient, which will not come within her province till the second month of her probation, at least. A thousand things of the above-mentioned sort, but all clearly-defined duties, will furnish her experience, and be a test of her qualifications for acceptance into the school.

Juniors, above being generally helpful, showing where appliances are kept and making a probationer feel at home at a time when all is new and strange to her, may not take it upon themselves to instruct in any essential way. This is the head-nurse's function, or that of the senior in charge. They may not call upon the probationers to do any part of their work, assign any duties, nor give any directions. The junior period is itself a time of tutelage, and there is much to learn in the care of medical, surgical and gynecological patients. This is the opportunity, above all others, for becoming thoroughly acquainted with technic in the larger part of nursing experience: charting, baths, enemata, solutions, some operating-room experience, sterilization of patients and postoperative care, gynecological positions, assisting at dressings, simple bandaging (sufficient instruction should be given to prevent bandaging ignorantly; most of this experience will come in the last year). There will be the making of surgical dressings, external applications, medication, urinalysis, preparation of specimens for the laboratory and some laboratory instruction, the prevention and dressing of bed-sores, dressing of burns, hydrotherapy, which will include baths of all kinds, etc., etc.

(To be continued.)

BACTERIOLOGY FOR NURSES*

By E. STANLEY RYERSON, M.D., C.M.

Out-door Surgeon, Toronto General Hospital; Surgical Registrar, Hospital for Sick Children; Assistant Demonstrator in Pathology and Anatomy, University of Toronto.

(Continued from page 516.)

(2) According to the materials which they live on:

1. *Saprophytic*. That is, those which live on *dead* animal matter, causing putrefaction and fermentation in it. Most bacteria belong to this class, which changes the bodies of dead animals into a condition suitable and necessary for the supply of food for the vegetable or plant kingdom, which we heard about from Pasteur in describing Nature's Food Cycle.

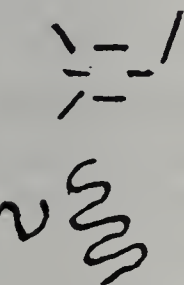
2. *Parasitic*. Those which live at the expense of the living tissues of the animal and vegetable kingdoms. Most of the organisms which have been found to cause diseases belong to this class and are called pathogenic, or disease-producing bacteria.

(3) According to their shape or morphology:

1. *Cocci* (coccus, a berry). Round, spherical, like a billiard ball.



2. *Bacilli* (bacillum, a rod). Rod-shaped, lead-pencil shaped.



3. *Spirilla* (spirillum, a small coil or spiral). Cork-screw shaped.

Special names are preferred to any of the above according to their grouping—*e. g.*, cocci arranged in pairs are called diplococci; in chains streptococci and in groups like a bunch of grapes staphylococci. The same

bacilli placed end to end in a chain are called streptobacilli.



In our definition of bacteria, the word microscopic was used on account of their minute size, distinguishable as individual bodies only by means of the microscope. Their measurements vary, but the diameter of some cocci has been calculated to measure $\frac{1}{150000}$ inch; the length of bacilli to be $\frac{1}{25000}$ to $\frac{1}{4000}$ inch; and spirilla up to $\frac{1}{600}$ inch.

Special processes have divulged the fact that certain organisms have little hair-like tails or flagellæ which wave about and cause active movements in the bacteria, which quality is called motility.

Many bacteria have the power of elaborating certain poisonous chemical products, called toxins, which we will find later are responsible for many of the symptoms of disease.

*One of four lectures delivered to the Nurses of the Toronto General Hospital and the Hospital for Sick Children, Toronto, November, 1905.

How do the bacteria grow and increase?

1. By fission or division into two. The rapidity with which bacteria might increase in this way is almost inconceivable. If a bacillus divided once an hour, at the end of 24 hours there would be 16,500,000 and in 3 days their weight would be 17,500 tons. Fortunately the conditions necessary for such rapid growth are never present, so that such an alarming number as mentioned is an impossibility; still, although one organism is extremely minute by itself, it is easy to imagine the enormous power when present in great numbers.

2. By spore or seed formation. Certain bacteria possess the power of entering this seed or spore stage, in which they remain until they meet with favorable conditions for growth. A spore begins as a small bright point in an organism (for example, say a bacillus) and gradually increases to a considerable size; the bacillus about it gradually withers and disappears, leaving the spore as a bright, highly refractile body. Spores never increase by fission, but remain in their seed state until they are planted on a favorable soil, when they develop into the organism from which they were formed in the first place, multiplication occurring then by the process of transverse division. It is as spores that saprophytic bacteria exist in the living animal tissues. As soon as the animal dies, its dead tissues enable the spore to develop into their active form, in which they rapidly increase by fission and produce the putrefaction and fermentation which invariably occurs. It is important to remember that spores are very resistant to the action of heat and disinfectants.

What conditions are necessary for the growth of bacteria?

1. Temperature. That at which most bacteria grow is 98° F. They can exist in a temperature as low as 32° F. or as high as 170° F. Greater heat than 170° F. kills them.

2. Moisture. This is essential to the growth of bacteria.

3. Air. It is the oxygen in the air which some bacteria require for their growth, on account of which they are termed *aërobic*. Others, however, will only grow when free from oxygen and are called *anaërobic*.

4. The presence of some form of organic material.

In what places are bacteria found?

1. Everywhere that dust is present, such as on and in the earth, having been found down to the depth of 9 feet. There are none on the Arctic glaciers and very few in mid-ocean.

2. On the surfaces and in the mouths, throats and digestive tracts of human beings and animals.

3. In water, milk, and in many foods and liquids.

In many of these places the bacteria remain dormant and do no harm, only becoming active and increasing in number when they meet with the above conditions for growth.

Media.—Bacteriologists have learned how to supply the conditions under which bacteria will grow most rapidly. The organic material is supplied in a number of different forms, called media, those in everyday use in the bacteriological laboratory being bouillon or clear soup; agar-agar, made from sea-weed; gelatine, blood-serum, milk or potato. These media are rendered free from living organisms by subjecting them to heat above a temperature of 170° , called sterilization.

The media contain the moisture necessary for growth and are prepared in glass test-tubes plugged with cotton-batting so that no air is allowed to come in contact with them. They are placed in an incubator or oven, which is kept at a constant temperature of 98° F.

The process of examination of an organism by a bacteriologist will be comprehended most readily by following him through the steps of examining for the organism which produces diphtheria.

The bacteria are swabbed from the patient's throat, by means of an applicator covered with a pad of absorbent cotton. This swab, as it is called, is smeared on the surface of the media, usually blood-serum in the test-tube, thus planting some of the bacteria on a favorable soil for growth. This inoculated tube of blood-serum is placed in the incubator at a temperature of 98° F., where the bacteria increase and multiply from 12 to 24 hours. They are then prepared for examination under the microscope by smearing some of them on a glass slide or coverslip, drying them over a gas flame and staining them with special stains used for the purpose. The characteristic shapes of the different bacteria can then be distinguished under the microscope. Some of the bacteria commonly met with are:

1. Pus-producing bacteria.

A. *Staphylococcus Pyogenes Aureus*. You have already heard that cocci arranged like a bunch of grapes are called staphylococci; pyogenes refers to an organism that has the power of producing pus; and the term aureus applies because a mass of these organisms growing together have a golden color.

B. *Staphylococcus Pyogenes Albus*. The first two characteristics are similar to A., but their color is white instead of golden.

C. *Streptococcus Pyogenes*. This organism is one in which the individuals are arranged in a chain and which produces pus.

These three organisms are the cause of most of the suppuration which occurs in wounds.

2. *Tubercle Bacillus*. The results of the action of this germ are seen in the terrible suffering and distress of a person with tuberculosis, or consumption, as it is called, when the lungs are the principal seat of disease. Many of the bone-and-joint diseases, such as hip-joint disease, Pott's disease of the spine and tubercular knee or ankle are also caused by it.

3. *Klebs-Loeffleur Bacillus*. By being inhaled with the air or taken in with the food, this organism comes in contact with the throat and produces diphtheria.

4. *Diplococcus Pneumonial*. Pneumonia is caused by it.

5. *Bacillus Typhosus*. This acts on the intestines and typhoid fever occurs.

6. *Bacillus Tetani*. This is the most deadly of all bacteria. It produces lock-jaw and convulsions when it gets into the system through a wound.

7. *Diplococcus Intracellularis Meningitides*. Cerebro-spinal meningitis, of which we have been hearing so much lately in the daily press, is due to this organism. An analysis of the name may help you to comprehend its meaning. The cocci are arranged in pairs (*diplococci*) within a shell or capsule (*intra cellularis*), and it causes meningitis (hence *meningitides*).

How do bacteria get into the system of the human being?

1. *Through the skin or mucous membrane*. When intact these resist the entrance of all bacteria, but the moment there is a break in the surface, such as a cut or scratch, these microscopic organisms are liable to enter the system. Prominent surgeons have lost their lives from blood-poisoning which followed the entrance of some deadly organism through such an insignificant opening as the prick of a needle. We cannot, therefore, be too careful to keep our hands as free from small cuts and abrasions as possible and to disinfect any which may be present after contact with cases in which there is pus.

2. *Through the respiratory or breathing passages*. In this way is inhaled that dreaded organism the tubercle bacillus, which slowly eats away the lungs and causes that hacking and irritating cough, the thin hollow cheeks and the slow life in death, which but few of you have not seen. Pneumonia, influenza and other lung diseases result from the entrance of the organisms in this way.

3. *Through the digestive tract*. Food containing bacteria is swal-

lowed and passes down into the intestines, where the bacteria grow, producing some form of intestinal disease, the commonest example of which is typhoid fever.

As it is inevitable that a great many organisms enter our bodies, we have been provided with certain powers of resisting their action and of eliminating them from our systems. Among the ways in which this is carried out are the following:

A. *By matter or pus*, which results in a wound from the fight between the bacteria and the tissues and in which are washed away many bacteria when the wound is dressed.

B. *By expectoration*, by which bacteria are carried out of the lungs and throat.

C. *By the excretions*, the fæces containing many organisms from the intestines, and the urine those from the kidney and indirectly from the blood.

How do bacteria produce disease after they have gained entrance into the systems?

1. *Mechanically*. Occasionally, bacteria may increase rapidly in the blood-stream and form clumps which plug the smaller blood-vessels or capillaries. This, however, rarely occurs.

2. *By using up the supply of nourishment for their growth*, which ordinarily would supply the tissues of the body. In this way the latter are starved and they consequently undergo marked change, wasting, as they do in all forms of tuberculosis.

3. *By elaborating certain poisons or toxins*, which act either on the tissues locally or on the system generally and produce the characteristic symptoms of the disease. These symptoms, such as the rash, cough, and sore throat, help us to recognize the disease which is present, being fairly constant when produced by a certain toxin of a certain organism. Their severity may vary, however, according to the virulence or strength of the toxin produced, so that we may have what is called either a mild or a severe attack of the disease.



SUMMER SCHOOL OF COLUMBIA UNIVERSITY.

As in the two years past, the summer courses at Columbia University, New York City, include three sets of lectures of interest to all nurses, which would be most profitable to anyone unable to give time for a long course of study yet anxious to extend her knowledge on certain subjects. The courses in chemistry are of interest to anyone studying foods and food values, and the artificial feeding of babies; those on domestic science cover most of this attractive field; those on physical education broaden and extend the teachings of our training-schools in physiology and anatomy.

The following extracts are from the annual announcement, which will be sent on application. Any nurse who could arrange to attend these or other lectures of the Summer School during July and August, 1906, would be well repaid for her time and expense by the education gained in any subjects she selected for study:

COLUMBIA UNIVERSITY, SUMMER SESSION, 1906

The seventh Summer Session of Columbia University will open on Thursday July 5, 1906, and continue until Thursday, August 16, inclusive. No stated exercises are held on Saturday, although in some cases laboratories will be open on that day.

Each course will consist of a minimum of 30 lectures or other exercises, or their equivalent in laboratory or field work.

COST

- 1—Registration or matriculation fee (payable but once) \$5.00
- 2—Tuition fee (for any course or courses aggregating not more than 6 points, but see p. 14 of catalogue)\$30.00

It is believed that the total expense involved in attendance upon the Summer Session, including tuition fee, but excluding railroad fare, may readily be kept below \$95. In no event need it exceed \$110.

ACCOMMODATIONS

A University residence located at 1230 Amsterdam avenue, between one hundred and twentieth and one hundred and twenty-first streets, will be open for the accommodation of the women students of the Summer Session.

A special rate of \$50 is made for the students of the Summer Session, from dinner on Wednesday, July 4, to breakfast on Friday, August 17, inclusive. This rate is payable in advance, and includes room, board, and for residents of Whittier Hall, laundry (one dozen plain pieces per week).

CHEMISTRY

§13a—Proximate organic and sanitary analysis. Conferences and laboratory work, 15 to 30 hours a week. Professor Sherman.

The work in this course may be selected, according to the time and needs of

the student, from among the following subjects: the quantitative analysis of foods and the physiological products; artificial digestion experiments; the preparation and analysis of modified milk; the determination of heat of combustion by the bomb calorimeter; any of the organic or sanitary analyses included in Course 13 (see Announcement of the Division of Chemistry).

sF—Chemistry of nutrition. 5 hours lectures and collateral reading, 1 point Professor Sherman.

This course prerequires a knowledge of elementary organic chemistry and deals mainly with the functions of the proteids, fats, and carbohydrates in nutrition and the analytical and experimental methods by which the quantitative composition and nutritive values of food are determined. It includes a critical study of the methods and results of recent investigations in food chemistry and human nutrition.

This course may be taken with s13a, with s20, or any of the courses in Domestic Science given at Teachers College.

s30—Organic chemistry laboratory course. 1 point. Dr. Beans.

This course is a study of the typical reactions of organic compounds with special reference to the relations existing between them. Among the compounds prepared are the following: chloroform, ether, urea, nitrobenzene, anilin, salicylic acid, methyl orange, fluorescein, quinolin, etc.

The laboratory work can be varied, depending on the time and needs of the student, the maximum being thirty hours per week.

DOMESTIC SCIENCE

s1—Foods. Lectures, laboratory work, essays, and collateral reading; 4 points. Miss Benton. Laboratory fee, \$5.

This course covers the following general topics: The composition and nutritive value of foods; fundamental principles and processes of cookery; comparative study of fuels and cooking apparatus; marketing. It is designed to give a thorough knowledge of theory and practice in cooking and to aid the student in arranging subject-matter for teaching. Special attention is given to scientific methods of laboratory work, and to the adaptation of such methods to the school.

This course will be continued in the Summer Session of 1907.

s3—Food production and manufacture. Lectures, reading, and excursions; 2 points. Professor Vulte.

This course covers the following special topics: cereals, preparation of meals, flours and patented products; composition and use of leavening agents; bread, biscuit, and pastry; treatment of vegetables and fruits; jellies and preserves; oils and fatty bodies; water for drinking and detergent use, including mineral waters and non-alcoholic beverages.

This course will be continued in the Summer Session of 1907.

s5—Household chemistry. Lectures, reading, and laboratory work; 3 points. Professor Vulte.

This is a course of instruction designed to present a study of the more important food principles, including sugars, starches, proteids, fats, mineral salts, special attention being given to the changes taking place during domestic manipulation and digestion; examination of water for domestic purposes.

Students are recommended to take the lectures in Chemistry sF as supplementary to this course.

Students who have had the equivalent of this course will be given the opportunity to pursue advanced studies in the chemistry of foods and stimulants in the laboratory

Laboratory fee, \$5.

This course will be continued in the Summer Session of 1907.

s9—Household mechanics and sanitation. Lectures, conferences, and collateral reading; 2 points. Professor Vulte.

This course includes discussion of the following topics: The situation, plan, and construction of the city and country dwelling; the relative cost of various types; design and care of the systems of plumbing, lighting, heating, and ventilation; interior and exterior decoration.

This course will be continued in the Summer Session of 1907.

PHYSICAL EDUCATION

s87—Personal hygiene and first aid to the injured. Lectures and practical work; 2 points. Professor Meylan.

This course considers personal health as a problem in vital economics; the human body as an organic machine, and the aim of personal hygiene to be the provision of the most efficient body mechanism for the life-needs of the individual. The topics include the argument for the careful study of health and hygiene; ideals of health influencing different peoples; structure and functions of the human body; changes in the organism due to evolution and civilization and the health problems arising from these changes; conditions necessary to the perfect state of the body and the activity of the various functions; causes of weakness, injury, degeneration, and disease; improvement of health and prevention of disease by hygienic means; methods of first aid to the injured.

s108—Anthropometry, diagnosis, and prescription of corrective exercises. Lectures and practical work; 2 points. Professor Meylan.

This course deals with the practical methods of studying the human organism; of determining its conditions and needs, and of applying the various measures indicated for normal development, improvement of health and strength, correction of deformities, prevention and cure of certain forms of disease. This course includes the following: Recording of personal and family history; measuring and testing the body; observation of organic conditions and physical signs; theory and tabulation of statistics; use of graphic methods for representing bodily conditions and changes; individual prescription of exercise and hygienic regimen, corrective exercise for common deformities, such as round shoulders and spinal curvature; adaptation of movements for functional disorders and special nervous conditions. There will be practical work for all students.



PRACTICAL SUGGESTIONS

[Nurses interested in this column are asked to send contributions for it.]

IN giving a mustard bath, if the required amount of mustard to be used is put in a small muslin bag, and then put in the water and stirred about and squeezed, it will be found to be the simplest and easiest method; if put in the water without the bag it is so apt to take some time to dissolve the lumps.—M. B.

TO keep an ice-bag in position, use a bandage or wide piece of muslin, making a hole in the centre of it just large enough for the little round cap to be admitted, then bandage two or three times around, leaving the cap free.—M. B.

IN giving a hot-air bath, it is most important to remember the pitcher of water to stand at the foot of the bed in case of fire.—M. B.

I WAS very much interested the other day in seeing, for the first time, a mattress turned under a helpless patient. I wonder whether I can make clear how it was done. Remove the pillows from the bed (keeping two near you), and all bed clothes except sufficient to protect the patient, leaving the under sheet which must be rolled in such a way as to enable the nurses to lift, or draw, the patient in it. Then let one nurse draw the mattress and patient well over, so that there is room made on the bed-spring for the two pillows to be placed lengthwise. Then let the nurses, one on each side of the bed, lift together the patient onto the pillows; the mattress is then turned by the nurse on the opposite side to the patient, the patient again lifted on the mattress, pillows removed, and the mattress, with the patient, drawn over into its proper place again.—M. B.

A VERY simple way to sterilize a hypodermic needle, or anything of the kind, is to boil it in a small test-tube over a flame.—M. B.

UTENSILS which must be prepared hastily for an emergency can be sterilized by coating them with alcohol, which is then ignited and allowed to burn itself out. Glass receptacles will crack if treated in this manner.—M. Z.

AN infant's knit abdominal band will keep its elasticity better if, when it is washed, it is thoroughly wrung dry by hand and then left in a twisted roll to dry, not straightened out or hung up.

IF a nursing mother has not sufficient food for her baby, it is better to piece out each nursing by a sufficient amount of the artificial food ordered rather than to alternate the nursing and feeding. When the latter method is used, the supply of natural food diminishes, as the demand for it is less.

IT is not generally known that tea has the property possessed by butter and milk of absorbing the odor of other food. It should, therefore, be kept in a tightly-closed canister.

MANICURE scissors, with the points turned up, are safest to use in cutting the pubic hair.—J. T.

PERFORATED china dish covers, such as are sometimes used for toast, should cover all plates holding hot food on a patient's tray.—J. T.

IF any of the readers of the JOURNAL have been asked to secure a specimen of urine from a sick baby and have been puzzled how to obtain it, perhaps my experience in this may help them. To secure a specimen from a boy baby is not difficult, but with a girl I have managed in this way: A baby will almost invariably pass its water either during sleep or on first awakening, and if the diaper is left loose, and a cup with a thick round edge is placed inside, then when the baby awakes you have your specimen.—H. E. S.

BOOK REVIEWS

IN CHARGE OF

M. E. CAMERON



A PRIMER OF PSYCHOLOGY AND MENTAL DISEASE. For Use in Training-Schools for Attendants and Nurses and in Medical Classes, and as a Ready Reference for the Practitioner. By C. B. Burr, M.D., Medical Director of Oak Grove Hospital (Flint, Mich.) for Mental and Nervous Diseases; Formerly Medical Superintendent of the Eastern Michigan Asylum; Member of the American Medico-Psychological Association; of the American Medical Association; Foreign Associate Member Société Medico-Psychologique of Paris, etc. *Third edition.* Thoroughly revised, with illustrations. Pages viii-183, 12mo. Bound in extra vellum cloth, \$1.25 net. F. A. Davis Company, Publishers, 1914-16 Cherry Street, Philadelphia.

Nothing could be simpler than this modestly-named primer, and yet the subject is not in the least degree attenuated or lifeless.

The first two-thirds of the book are devoted to Psychology and Insanity respectively. The last third is comprised in two chapters,—“Management of Cases of Insanity from the Medical Standpoint,” and “Management of Cases of Insanity from the Nursing Standpoint.”

All through the book one feels that the author has more than the ordinary measure of generosity in his makeup, and his closing lines very pleasantly confirm our conjectures: “From among nurses caring for insane whom I have known there might be constituted a large army of men and women, than whom none could be more loyal, true, devoted, and self-sacrificing. If their merits have sometimes seemed to fail of appreciation they are at least entitled to the comfort that springs from the reflection: ‘Charity ever finds in the act reward.’ ”

THE EXAMINATION OF THE FUNCTION OF THE INTESTINES BY MEANS OF THE TEST-DIET: Its Application in Medical Practice and its Diagnostic and Therapeutic Value. By Prof. Dr. Adolf Schmidt, Physician-in-chief of the City Hospital Friedrichstadt in Dresden. Authorized translation from the latest German edition, by

Charles D. Aaron, M.D., Professor of Diseases of the Stomach and Intestines in the Detroit Post-Graduate School of Medicine; Clinical Professor of Gastro-enterology in the Detroit College of Medicine; Consulting Gastro-enterologist to Harper Hospital, etc. With a frontispiece plate in colors. Crown octavo, 91 pages, extra cloth. Price, \$1.00, net. F. A. Davis Company, publishers, 1914-16 Cherry Street, Philadelphia.

Nurses will all agree that no more interesting reading than Dr. Schmidt's translation very often comes to us from the strictly scientific fields. This is all the more amazing when one considers the rather slender topic under discussion. One remembers the title of the old fairy tale, "Soup from a Sausage-peg," and what a wonderful history it was, despite its name. This book too takes one farther afield than its title would lead one to expect, and shows many wonderful and interesting things by the way.

A noticeable feature of the book is the frequent naming of references, indicating a tremendous army of professional men engaged in research work—a sort of aristocracy of the profession.

DIETETICS FOR NURSES. By Julius Friedenwald, M.D., Clinical Professor of Diseases of the Stomach, in the College of Physicians and Surgeons, Baltimore, and John Ruhrah, M.D., Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Baltimore.

This is exactly the book for which nurses and others have long and vainly sought. A simple manual of dietetics, which does not turn into a cook-book at the end of the first or second chapter. If one wanted to grumble one might justly complain that the chapter on "Chemistry and Physiology of Digestion" is rather poor, but every nurse is probably well up on the subject, and possibly no one will miss what is lacking. Moreover, we are bidden if we would know more to consult the larger work, "Diet in Health and Disease," by the same authors. There are occasional digressions from the beaten track which make the book much more valuable than it would be without them. We need only mention two—the technic of the rest cure, and the treatment of nausea in anæsthesia—to show that they are not so foreign to the subject under discussion as to hint at a possible transformation of Julius and John into Julia and Joanna. The feeding of infants both healthy and sick is very thoroughly discussed, also the diet of the aged, as well as the diet of patients suffering from diseases in which the nursing is largely a matter of skill and tact on

the part of the attendant, who has often a very restricted diet list to work with. Rectal feeding and feeding by means of stomach-tube are fully described, and the dietetic management of surgical cases. It is always a pleasure to recommend a good book and help make it known, and we feel sure this one will make many friends for itself.

THE OPERATING-ROOM AND THE PATIENT. By Russell Fowler, M.D. Surgeon to the German Hospital, Brooklyn, N. Y. W. B. Saunders Co., Philadelphia. Price \$2.00.

This is a manual for use in hospitals particularly and as such is a master work of its kind. The most minute appointment of the operating-room, the instrument-room, the supply-room, the room for anæsthesia and the patients' room is discussed. There is also a comprehensive listing of instruments for eighty-two different operations. The preparation of supplies and the care of the same, and also of appliances and instruments, are given careful consideration.

Those who like a book for its handsome exterior and dote upon a good-looking book, are sure to find this one out. The binding is very smart, and the paper, printing, etc., all above the average used for this kind of book.

NURSING IN THE ACUTE INFECTIOUS FEVERS. By George P. Paul, M.D., Assistant Visiting Physician and Adjunct Radiographer to the Samaritan Hospital, Troy, N. Y. 12mo. 200 pages, illustrated. Philadelphia and London. W. B. Saunders & Co. Price \$1.00.

Dr. Paul's book makes a welcome addition to the nurse's library. On somewhat different lines to the Fever Nursing of Doctor Wilcox, which appeared last year (Blakistons, Phila.), the two books supplement each other and make good library companions. Dr. Paul divides his work into three parts: The first treats of fevers in general, the types, and the treatment; the diet of fever patients; the means used for reduction of temperature, etc. Part second treats of fevers, particularly typhoid; smallpox; epidemic cerebrospinal meningitis, and so on down the list. In this part lies a great deal of the merit of the book. Part three discusses special treatment in the management of some of the foregoing, as the use of antitoxins, blood-testing, also the examination of urine.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



GERMAN REGISTRATION

Sister Agnes Rarll, in a recent number of the *German Nurses, Journal* discusses editorially the passage of the recently secured Registration Act in Germany. She says that although it only fixes one year's training yet it must be regarded as a substantial reform, because so many influences have been at work creating deplorable conditions in German nursing, that numerous three-months' and six-weeks' pretended courses of training have sprung into existence. It seems that even in Germany, the home of scientific education and thoroughness, the pecuniary profits in exploiting nurses and their work have been discerned, and grasped—sometimes by pure charlatans posing as Masseur-Nurses and Health-Doctors; sometimes, it is most discouraging to know, by reputable physicians themselves, who have condescended to a quackery in nursing that they would resent in medicine. Sister Agnes thinks the prospects now most hopeful, and as the German government has a way of having its law obeyed, we are sure that secular, educated nurses in Germany will now have a rising tide of progress.

The German Registration Act is in some points an encouraging, in others a sadly discouraging, document. It is good on its practical technical side, but a perfect sample of Old World matter-of-course autocracy in its ignoring of the worker as anything but a cog in the wheel. Not a shadow of representation or sharing in conclusions is accorded to the nurses.

It is excellently practical and presupposes no small amount of medical knowledge. The demonstration test is the most unusual and interesting feature of the bill. For this the applicants (not more than six are examined in one group) are placed for three days in a hospital designated, when the examination is held. Here they each are put in charge of a patient for the greater part of the three days, including one night duty. There are, further, demonstrations in surgery, first aid, bathing, operating-room technique and assistance, etc.

The main features of the act are: The general control is given to the civil governments of the states, and training-schools in state hospitals (or in those recognized by the state in this respect) are eligible to send graduates to the state examination. Just what lines the state will draw in granting recognition, or how it will investigate or inspect, is not set forth.

The civil authorities will select the physicians, three in a group, who will conduct the examinations on lines closely specified in the Act.

One year's training course is required, but exceptions may be made of nurses who have not studied in recognized schools, but who in the judgment of the civil authorities have had equivalent training.

The defects of this bill are obvious, prominent being the limitation to one year, which is very possibly due to a wish to let all the military and naval service men through (for they figure prominently).

Every one knows that a one-year's course means a superficial training. As a matter of fact, all of the best German schools, though counting only one year for training, give their nurses from three to five years' hospital service.

The good thing in the German situation is that government officials in Germany are of a high type of civic virtue and work from a sense of duty and public responsibility. "Graft" and "pull" are all but unknown, and the German law will be administered seriously. Some of the most sympathetic and liberal supporters of nursing reform in Germany are layman in high official positions.

The best medical men there also often in practise accord to the women nurses a consideration that they would perhaps not be willing to see on paper, for in Germany, as in some places nearer home, the men like to seem to be doing everything of their own motion. As we have formerly mentioned, certain medical men in Germany have sinned against ethics and good standards in nursing, by yielding to the commercial temptation, and thus a certain amount of odium has attached to them as well as to the victims of their sham courses.

These bogus courses will have an emphatic set-back under the new law.

THE ENGLISH REGISTRATION MOVEMENT

A DEPUTATION of representative nurses, medical men, and lay supporters of registration was received early in March by the president of the Privy Council, the Earl of Crewe, who gave a sympathetic

hearing to the addresses made and the arguments presented in favor of legal status for nurses. The deputation included Mrs. Bedford Fenwick, secretary of the State Society; Miss Haldane, of the Scottish Registration Committee; Miss Hampson, the president of the Irish Nurses' Association; Miss Peter, late Superintendent of the Queen Victoria Jubilee Institute for Nurses; Miss Pearse, Miss Mollett, Miss Barton, Miss Forrest, all representing hospital and nursing interests; and Miss Breay, the secretary of the Matron's Council. Lady Helen Munro Ferguson, whose assistance has been of a most effective and unremitting character, and Mrs. Garrett Fawcett were among the lay members, and Dr. Bedford Fenwick, Dr. H. Langley Browne, and Sir James Crichton Browne represented the medical profession. The deputation was cordially received by the president of the Privy Council, who said in his reply to the addresses that the uniform of the nurse carried with it a prestige only enjoyed in the case of "the inferior sex" by His Majesty's Navy, and it was important that its honor should be upheld. He assured the deputation that a registration bill, if introduced, would receive the "benevolent attention of the government."

Thus another important step in the highly picturesque and extraordinary road toward their goal has been taken by the nurses of Great Britain. When registration finally comes, we hope the leaders of this most determined and intelligent movement will write a complete history of its whole inception and progress.

RAISING THE STANDARD IN THE ENGLISH ARMY NURSING SERVICE

THE English Military Nursing Service has instituted an excellent and practical examination test for matrons, and after February all sisters, before promotion to the rank of matron, will be required to pass this examination. The *British Journal of Nursing* summarizes the eligibility qualifications for this examination as follows:

The completion of five year's service in the rank of sister in the military service.

The submission of a certificate that, during the twelve months previous to the date on which the examination is held, the candidate has undergone special instruction by a matron in the matron's duties for a period of two months, or has discharged matron's duties for the same period. This certificate is to be signed by the matron of the hospital in which the sister is serving.

To enable candidates to procure the necessary certificate of administrative capacity, sisters of four years' service and over may at their own request undergo a two month's course of special instruction in matron's duties.

The board of examiners will consist of a principal matron as president, and two military matrons as members. For stations abroad a board will be appointed to conduct the oral examination under arrangements made by the director-general. The written examination will be supervised by a local board consisting of a matron as president and two sisters as members.

The examination will be written and oral; the written portion will consist of four questions, for which three hours will be allowed.

The time allowed for the oral portion will be fifteen minutes.

The examination will consist of questions bearing on the following subjects:

PART I. (a) The regulations affecting the army nursing service, and the relations of its members to the medical officers, nursing staff, and patients of hospitals; method of conducting official correspondence and of keeping accounts.

(b) The distribution of duties of the nursing *personnel* in hospitals in peace and war, and the numerical proportion of nursing staff to patients under varying circumstances.

(c) The special circumstances affecting nursing in hospitals in the field, hospital ships, ambulance trains, convalescent establishments.

(d) Responsibilities of nursing staff as to equipment, bedding, and linen.

(e) The supervision of nursing quarters and their domestic economy.

(f) The sanitation, in accordance with the regulations, of all premises under their charge; ventilation, warming, and methods of cleaning.

(g) Precautions necessary in connection with nursing of cases of infectious disease.

(h) The nursing in hospitals for women and children.

PART II. To deliver, before the examiners, a lecture adapted to the training of orderlies, royal army medical corps, on one of the subjects laid down in the syllabus contained in standing orders for royal army medical corps, Appendix 2.

The time allotted to this lecture should not exceed forty-five minutes.

Written questions on the lecture (suitable for the orderlies attending the same) must be handed in at the time of examination.

MARKS FOR THE EXAMINATION.

| | |
|---------------|-----|
| Written | 75 |
| Oral | 50 |
| Lecture | 25 |
| | --- |
| Total | 150 |
| | --- |

50 per cent. of the total marks are necessary to pass.

There has died recently at the Convent, Wigton, Cumberland, in the eighty-second year of her age, one of the few remaining nurses of the Crimean War, Mother Mary de Chantal, R. R. C., known in the world as Maria Louisa Huddon. Miss Huddon entered the Convent of Mercy, Bermondsey, in the year 1851, and with other members of her community went out to the Crimea in 1854, serving for eighteen months under Miss Florence Nightingale.

Miss Margaret J. Edmunds, a graduate of the University Hospital in Ann Arbor, '94, now one of three foreign-born trained nurses in Korea, introduces us by photographs to the members of Korea's first native training-school for nurses—Miss Grace Yee, Mrs. Martha Kim, Mrs. Ella Kim and Mrs. Mattie Chung. The name of their training-school is Po Ku Nyo Koau, at Seoul, Korea.

We greet warmly these charming young Oriental sisters, and hope to hear more from Miss Edmunds of her work among them.





Po Ku Nyo Koan Training-School for Nurses, Seoul, Korea. Margaret J. Edmunds, Superintendent, Graduate of University Hospital, Ann Arbor, Mich., Class 1894.

Pupils of the first native training-school for nurses are as follows: Miss Grace Yee, Mrs. Martha Kim, Mrs. Ella Kim, Mrs. Mattie Chung. Work among these young women is very encouraging.

NOTES FROM THE MEDICAL PRESS

IN CHARGE OF

ELIZABETH ROBINSON SCOVIL



THE TREATMENT OF EPISTAXIS.—The *Medical Record* quoting from *Nouveanst Remides*, says: Mendini recommends the introduction into the bleeding nasal passage of a tampon soaked with one part of a 1-1000 adrenalin solution and ten parts of salt solution; if this does not control the hæmorrhage the passage must be packed with strips of gauze. In most cases this will be sufficient and it is rarely necessary to place a tampon in the posterior nares. In removing the tampons it is advisable, after the first few strips have been taken out, to drop into the nostril a small quantity of a solution composed of cocaine hydrochlorate one-fifth, 1-1000 adrenalin solution one, and distilled water ten. The vasoconstriction caused by this application produces enough shrinkage of the nasal mucosa to permit the tampon to be removed *in toto* without difficulty.

THE USE OF OIL ENEMATA FOR CHRONIC CONSTIPATION IN INFANTS.—The *Medical Record*, in an abstract of a paper in *Deutsche Mediscinische Wochenschrift*, says: Wunsch speaks highly of the use of injections of olive oil as a means of securing a cure in cases of obstinate constipation in nursing infants. The causes of the condition are numerous, but frequently in spite of all possible attention to the mother's diet, the hygiene of the infant's anus, etc., and the application of the customary remedies, including ordinary enemata, suppositories, abdominal massage, laxative drugs, etc., attempts to cure the difficulty are ineffectual. In these cases the use of an enema of olive oil repeated about every other day for a certain length of time may bring about a normal activity of the bowels. In illustration the author describes a case which had baffled all other means of treatment but remained permanently cured after eight injections of olive oil.

MOIST GAUZE DRESSING.—The *Indian Medical Record* says: Experiments by Dr. Noetzels have demonstrated what is well known

o surgeons—that the secretions of a wound are drawn up into a moist dressing better than into a dry one. In Dr. Noetzel's experiments virulent anthrax bacilli placed upon an artificial wound in rabbits were absorbed into moist dressings and the infection of the animals was prevented. While both moist and dry dressings were effective in the destruction of germ life, the germs were drawn up into the outer layers of moist gauze, while they were found only in the layers closest to the wound in the dry dressings.

NOCTURNAL ENURESIS.—The *New York Medical Journal*, quoting from *The Practitioner*, says: De Boinville concludes that this condition commonly occurs in weak, excitable children. It is found among all classes, is more common in boys than in girls, while in adults it is more common among women. It is often associated with a local irritative process, such as thread worms in the rectum, and is more frequent in those who lie on the back during sleep. It may be a symptom of organic disease of a serious nature.

DIARRHŒAS IN CHILDREN.—The *Journal of the American Medical Association* says: In outlining the course of treatment of diarrhœas in children J. H. Buffum, in *Vermont Medical Monthly*, states that in a general way all the infectious diarrhœas of childhood should be treated in a similar manner. The first essential is cleanliness, together with a cool, quiet room, and an abundance of fresh air. Early in the disease all food, even breast milk, should be withheld. During the first twenty-four hours nothing should be given except a little cold boiled water, with the addition rarely, in cases of great prostration, of a little brandy or whiskey. In some cases the stomach may be so irritable as to be unable to retain any substance, consequently it may be necessary to give stimulants hypodermically. If the case is seen sufficiently early, a dose of castor oil is recommended to clear the alimentary tract and, consequently, to shorten the course of the disease. When vomiting is severe, however, calomel in small doses is preferable. Irrigation of the bowels with a normal salt solution is of value, as it assists in the removal of toxic products from the intestines, and serves to quiet the thirst and to supply the necessary fluid to the tissues. The temperature of the fluid used should vary as indicated by the patient's condition. If the vomiting should con-

tinue beyond twenty-four hours, some authorities recommend washing out the stomach, and that this procedure be followed by administration of small doses of calomel. Hot packs are recommended in cases of prostration. In some cases the vomiting and purging may be so severe as to demand morphin and atropin hypodermically. When this is necessary he recommends morphin gr. 1-100, and atropin gr. 1-800, for a child 1 year of age. When, in the judgment of the physician, food can be borne by the stomach, Buffum recommends barley water or albumin water, together with beef, mutton or chicken broth, either administered alone or in combination. These feedings should be two or three hours apart, and in amount one-fourth to one-half the normal. Bismuth is recommended to allay the vomiting and the tenesmus, as it is both a sedative and an intestinal antiseptic. In children it should be given suspended in mucilage, or in older children it may be given in powder form. He does not think much of the intestinal antiseptics commonly recommended.

WHOOPING COUGH.—Dr. Adolph Decker, of Chicago, writing in the *New York Medical Journal*, says: The best remedy is naphthalin. About half an ounce of naphthalin is put into a saucer and slowly heated by means of a small alcohol lamp; gas or kerosene may just as well be used, but care must be taken that the flame does not reach the powder itself. In about ten or fifteen minutes a white vapor is produced which, when inhaled, lessens the severity and the number of the attacks, and in some cases prevents them altogether for many hours. The patient must not be brought near the naphthalin, it is sufficient that he is in the same room. One or two applications in twenty-four hours will generally suffice. As an adjuvant a mixture containing belladonna and antipyrine is given internally. At the same time a bandage is put around the lower part of the chest as tight as the patient can stand it, but not so tight that it would interfere with the breathing. The general health of the patient must be looked to and a rational diet prescribed. But it is criminal to advise change of air, on account of the contagiousness and the grave nature of this disease.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

DEAR EDITOR: I am extremely interested in your Editorial Comment (April number) on skilled nursing care for the "great middle class," and also in your question, "What are we going to do about it?" I am still more intensely interested in the economic condition of women.

Why do you call the "trades-union rate of charge" an evil? If it were not for this trades union, or rather organization of specialized labor, nurses would still be receiving the "starvation wage" which is, at this present hour, perhaps responsible for more than half—or shall I say three-quarters?—of all the sin, sickness, sorrow and necessity for nurses, that there is in the world.

You speak of "giving services, as humiliating," but are you not as surely giving seventeen or fifteen or ten dollars a week to the mechanic or bookkeeper if you can earn twenty-five dollars a week elsewhere, and are working for him at eight or ten or fifteen dollars?

Regardless of physicians' compensations, why should you, if morality be the battle-cry, over charge the rich any more than under-charge the poor? By accepting eight or ten or fifteen dollars a week, and stating no humiliating suggestion of charity is offered, do we not proclaim to the public that we are worth no more? Will it not be a most serious result if, after a time, we find we can command no more? Can nurses be economically independent at eight or ten or fifteen dollars a week? If so, let us by all means allow all humanity the privilege of lowered rates. If not, is it not a short-sighted policy to work for the "benefit of humanity," and by so doing defeat our purpose and be thrown later on in our lives as "objects of charity" upon this self-same confessed humanity?

As for the nurses of Toronto meeting this demand, is it not a well-known fact that nurses in Canada cannot command a "living wage," and does this not account for the great number of Canadian nurses in America who are here not only as our most honored leaders, but as wage-earners?

A central directory in a fair-sized community will surely be of some assistance in providing those of moderate income with skilled

nursing. It will bring together all conditions of nurses, among whom will be some women who are not entirely dependent upon nursing for their livelihood. Upon these women should fall the responsibility of nursing "the middle classes" at lowered rates. The rank and file of nurses who are earning twenty-five dollars a week by private nursing are not only supporting themselves entirely, but many are assisting a brother or sister through school or college, or helping their own who are not in a position to work. Is not this a most natural and sane manner of benefiting humanity? We must realize that by working forty-five weeks out of every year for fifteen years at this trades-union rate (and not many women are able to nurse longer) a woman can only save about ten thousand dollars, and then unless she cares to spend the principal, this will only yield her from four hundred to five hundred dollars a year. Will you blame me for my anxiety?

MARY BARTLETT DIXON,
Registered Nurse, Maryland.

[This writer has missed the point of our argument. If nursing is a trade, the union rate of charge is right. If it is to be a profession, the union rate must go.—ED.]

DEAR EDITOR: It was with a great deal of pleasure that I saw Miss Hasson come forward with her ideas in the April JOURNAL in regard to conditions in the Army. Her view of the matter so entirely coincides with my own that I most heartily endorse all that she said and shall not go into extra details; but should like to say that in case of future war or national calamity this question of nurses for the army should be settled now and for all time. And who are more competent to do this than the nurses who first entered the service? When the Surgeon General first sent out an appeal for volunteers for an emergency service I was too ill to take an interest in the matter. Then later I was amused at the many fault-findings in regard to the treatment some nurses had received while in the service. I am inclined to think that these complaints now come usually from nurses who had done very little work in the early days of the war. I am sorry for them, and hope others besides Miss Hasson will have something of the good side as well as the bad to tell. When the first call for nurses was made in 1898 I had the pleasure to be called to Sternberg Hospital, Chickamauga, Georgia, where no doubt we had things much better, considering the early date, than in the other camps. We had a good Commanding Officer and a most capable Chief Nurse.

Mrs. Whitelaw Reid and Mrs. W. Cowdin sent us often many luxuries for our own as well as for our patients' comfort.

In December '98, I received orders from Washington to proceed to the Philippines, and *en route* stayed at the Presidio for a while awaiting passage on the transport, and here things were indeed very different from Sternberg Hospital, where we had had none but graduate nurses. At the Presidio it seems they had managed to gather together a lot of women of all kinds. A very few were trained, many had never seen a sick-room before. After a time order was brought out of a very badly-run hospital. The nurses were made comfortable and were well treated.

Miss Hasson mentioned some of our medical officers, whom it certainly was a pleasure to know, and we had many of them, more good than bad by far—General Woodhall, for instance to whom we owed our good quarters in Manila and many other things, and I only want to add to Miss Hasson's list Major Meecham, who later lost his life when in charge of the Health Department in Manila. A kinder man never lived, and I could mention many others who not only appreciated our work but did all they could to make us comfortable. The pioneer nurses in the Philippines had by no means an easy time, but it was not by any fault of the government. Consider the hurried preparation for war and the great distance from our own country to the far East, and also that in this new field we had to have everything sent to us from home; for it was simply out of the question in those days to get anything there which we could use for the patients or ourselves. By September, '99, however, we were established in our nice home on Calle San Miguel, and Miss Mary McCloud, a very superior woman, was sent out as Chief Nurse, and we were made as happy and comfortable as we could with any reason expect. December '99, six of us were selected to go to Dagupan, Northern Luzon, and open up a hospital. This seemed a little hard when we had just gotten so nicely settled in Manila, and we felt we should have to rough it anew for awhile, for here was a great deal of war raging and it was not very safe. Dagupan can be reached by train usually, but we were sent up by water on an old Spanish boat and it took three days. And here again we had the kind consideration of Major Dugan. We finally arrived safely at Dagupan, but the supplies which were supposed to have been sent some time before us did not arrive for several weeks and we had to live like real soldiers for a while.

Arriving at Dagupan we found that no quarters of any kind had been provided, so a native house was hurriedly gotten ready, and

with one table, two chairs and one long bench for furniture we moved in. Some of the old-time army cots, which are like a hammock with a stick across the middle, were to be our beds until our supplies came. Most of us did what I have so often seen Indian patients do—get out of bed and roll themselves in an army blanket and sleep on the floor. With this and a straight army ration we had to be contented for awhile.

This was not very pleasant to endure, but we had not much time to think about ourselves, for across the way were about 250 wounded men awaiting us. It may seem funny but on Christmas Day that year we did not remember until almost evening that it was the day of all days in the year that we look forward to, not only for good times but a good dinner, and here we were, with nothing but beans, bacon, salmon, hardtack, and coffee, and for our patients malted milk. But the Commanding Officer in another house had nothing any better, so it was no use to complain and we knew that just as soon as Col. Greenleaf could he would get things through to us, which he did. But never have I felt happier and more appreciative than I did in those days.

One of our nurses was taken down with typhoid fever; otherwise we kept pretty well. You will ask, what kept us up on such food from 12 to 20 hours hard duty? I think it may have been the thought of being really needed and a patriotic heart. The nurses who did not enter on their army work until 1900 can know nothing of what we earlier ones had to contend with. However, I am happy and proud to think I was one among the first, and should our country need me again I should most surely be one of the first to offer my services, no matter who were over or under me. And let me assure those who are afraid of hard work and other hardships, that never again will you have to face the same disadvantages we did, for your way is paved for you and the best government in the world will recognize your labor and skill.

THHERESA ERICKSON.

DEAR EDITOR: Trusting my letter may be of some assistance to the nurse who finds herself in a quandary on beginning private nursing, I shall endeavor to assist her with my own experience. Every nurse is, I think, troubled at first, not by the real serious work of nursing but by the little minor details the right performance of which goes to make a successful nurse. No nurse is anxious to make

any radical changes in the general routine work, and yet she feels somewhat timid about consulting the older graduates. This should not be so, as I do not doubt the greater number of nurses who have been practicing private nursing have all had the same uncertain feeling and would be pleased to help the younger graduates if consulted. This feeling is especially true of obstetrical nursing. In regard to the washing of napkins, I have never found it necessary to do so, nor has it ever been required of me. At the same time I think the nurse should be as considerate as possible of the person who may be attending to that part of the work. I find, in most families, it is quite easy to procure old, soft, table napkins and table-cloth, which can be cut in squares and folded inside the diaper; and when changed and found soiled, can be thrown away, or washed and used again, according to circumstances. If I find it impossible to procure the old linen or gauze, the diaper may be rinsed in a vessel of cold water and then put to soak in lukewarm water. In that way, I have never had any objections offered by the maid who attends to the washing of them. Regarding the taking of the baby out on the street in a baby carriage, with uniform or otherwise, I do not think it the duty of the trained nurse to do so. Very young babies (the usual time when the trained nurse is in attendance) are not as a rule taken out, as with the care of mother, baby, food, and other things, the nurse has quite enough to attend to. In the case of an older child, who by illness may require the services of a nurse, it is I think the duty of the nurse to see that the child gets the necessary amount of fresh air, which may be had on the porch or grounds, if in the country; but if in the city, it certainly complicates matters. However, as there is usually a nurse girl in attendance, if the trained nurse looks after the proper wrappings, with the necessary cautions to the nurse girl, I see no reason why she should be required to take the child for its airing. There may be many nurses who differ with me on this subject; if so, it will be pleasant to hear from them. We can never adhere to cast-iron rules on any one subject, for I certainly feel, were it absolutely necessary that we should do so in order to insure a safe recovery for the infant in charge, self would have to be left out of the question, and however distasteful, take the infant out. This would be a good subject for discussion by some of our older graduates. Let us hear from them.

M. F. L.

OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

THE NURSES' ASSOCIATED ALUMNÆ

THE ninth annual convention of the Nurses' Associated Alumnæ of the United States will be held in Detroit, Michigan, on Tuesday, Wednesday, and Thursday, June 5, 6, and 7, 1906.

Headquarters of the convention will be the Young Women's Christian Association Building, corner of Washington Avenue and Clifford Street. Luncheon will be served there daily for 35 cents, providing notification is given the day previous.

The books will be open for the registration of delegates on Tuesday, June 5th, from half-past eight until twelve o'clock, noon, and from one until two.

The convention will be opened at two o'clock sharp.

NELLIE M. CASEY, Secretary.

SAN FRANCISCO NURSES, ATTENTION

THE San Francisco County Nurses' Association has established a temporary central directory at the home of the secretary, Miss M. L. Sweeney, No. 8 Sanchez street. All nurses resident in this county are requested to register at this directory. This will enable the association to be of greater service to the physicians and to the public in supplying the nurses when needed. As soon as the telephone service is repaired a direct single line will be in the directory and an endeavor will be made to fill all calls promptly. As soon as installed the number of this telephone will be made public. Inquiries are constantly being received in regard to the whereabouts of different nurses and it is important that the secretary should have the present address of all local nurses. The relief committee of the nurses' association request that all contributions for nurses be addressed to this committee at No. 8 Sanchez Street. Contributions of money are the most economical as the committee can then best meet the immediate need of individual nurses. All communications to Miss Genevieve Cooke, editor of the *Nurses' Journal of the Pacific Coast*, formally located in the Voorhees Building, should be sent to the Presidio, care Col. A. B. Dyer.

STATE MEETINGS

THE third annual meeting of the Graduate Nurses' Association of Connecticut was held at the New Haven Hospital, New Haven, Conn., on May 9, 1906, Mrs. Mary I. Fuller, of Hartford, presiding.

The program was as follows:

Prayer, Rev. Edward Hume, of India; Address of Welcome, Supt. Coddington of the New Haven Hospital; Address, The Work of the Nursing Profession in India, by Rev. Edward Hume; Address, How we as Nurses can make State Registration of

Value, by Mrs. Edith Baldwin Lockwood, R.N.; Address, Red Cross Work, by Mrs. Sara T. Kinney, of New Haven.

The afternoon session was occupied by the routine business, reports of committees and election of officers resulting as follows: President, Miss R. Inde Albaugh, superintendent of Grace Hospital, New Haven, Conn.; first vice-president, Miss Martha J. Wilkinson, Hartford, Conn.; second vice president, Miss E. A. Somers, Waterbury; recording secretary, Mrs. Isabelle Wilcox, Pine Meadow, Conn.; corresponding secretary, Mrs. Edith Baldwin Lockwood, Granby, Conn.; treasurer, Miss Rose M. Heavren, New Haven, Conn.; Miss Emma L. Stowe, superintendent Connecticut Training-School for Nurses; Miss Alice M. Smith, Hartford, and Miss Mary L. Bolton, of Bridgeport, to serve with the regular officers on the executive board, and as chairmen of the ways and means, printing, and membership committees respectively.

A vote of thanks was tendered the outgoing officers.

An invitation from New London to hold the next quarterly meeting in that city was accepted.

Both sessions of the meeting were well attended, and interest in the advance of the standards of our profession was manifested.

Nurses are registering rapidly in the State of Connecticut.

THE GRADUATE NURSES' ASSOCIATION OF THE STATE OF VIRGINIA

THE Graduate Nurses' Association of Virginia held its sixth annual convention in Lynchburg, May 9, 10 and 11, many nurses from the different portions of the State being present. The first session was held at the "Hill City" Lodge. The address of Welcome was made by Mayor N. C. Movson. In the absence of the president, Miss Whitelaw, from this county, the address of welcome was responded to by Miss M. Evelyn Boydon, vice-president, of Danville, Va. Dr. R. W. Mortin then introduced Miss M. S. Gilmore, superintendent of New York City Training-School, who read a paper on "The Evolution of the Trained Nurse," which had been written by Mrs. Cadwalader Jones, of New York, who was unable to attend, on account of sickness. Dr. Edward S. Peck, chairman of the Board of Examiners of the New York City Training-School, who was next introduced, read a paper on "The Trained Nurse from a Physician's Point of View." This he divided under three heads—The relation of the nurse to the patient; her relation to the physician; and her relation to the family in which she is employed. Dr. Peck also spoke of district work among the poor. He was much pleased with the stand the Virginia Association had taken in regard to the prevention of the spread of tuberculosis. At the conclusion of Dr. Peck's address, Miss Gilmore, by request, read a paper written by Mrs. Jones, upon the "Dignity of the Nursing Profession," in which great stress was laid upon the personality and character of the nurse. She closed by reading the oaths administered to the nurses of Bellevue, which is based upon the ancient Hippocrates oath.

The first business session was opened at the Elks' Home, May 10, at 9 A. M. From 9 to 10 was devoted to registration and payment of dues. Miss Boydon, third vice-president, called the meeting to order and the invocation was delivered by Rev. Dr. Jno. J. Loyd, of Grace Memorial Church. The minutes and treasurer's report were read by the secretary. The Chair then called for reports from the committees as follows:

Miss Bumgardner, for Sick Benefit Fund; Miss Nannie Minor, Tuberculosis; Miss S. H. Cabaniss, Education; and others with interesting discussions on methods and works.

A most interesting paper was read by Miss S. H. Cabaniss, on "Foreign Hospitals and Nurses."

On the opening of the second business session all unfinished business was taken up and disposed of, after which a Paper on "Small Hospitals" was read by Miss Ions, of Petersburg, and one on "Hospital Economies at Columbian University," by Miss Florence Bealey, of University of Virginia. Both papers were delightfully and enthusiastically discussed. The meeting then adjourned to be held in Staunton, Va., 1907.

The social functions included afternoon tea at St. Andrew's Home; tea at the Woman's Club; lecture by Miss Saunders, on "Advance in Woman's Education," and on "Settlement Work," by Miss S. H. Cabaniss; a trolley ride, and the last night a large banquet at the Hotel Corral.

The election of officers was as follows:

President, Miss M. Evelyn Boydon; first vice-president, Miss Ruth Robertson; second vice-president, Miss Elizabeth Moorman; third vice-president, Miss Emma West; corresponding secretary, Miss Nannie Minor; recording secretary, Miss L. N. Ions; treasurer, Miss Florence Besby.

ELIZABETH H. WEBB,
Secretary.

NEW YORK STATE NURSES' ASSOCIATION.—The fifth annual meeting of the New York State Nurses' Association was held at Albany on Tuesday, April 17, 1906. There were about two hundred members and delegates present. The president, Miss Damer, in her address, compared our law with that in effect in other states and showed what progress had been made in the nursing world during the past five years.

The treasurer's report showed a balance on hand of \$814.31. This led to a discussion about the advisability of reducing the present dues to make them the same as of old—ten cents per capita for societies and one dollar per year for individual members. The delegates were requested to bring this matter before their societies in order that they may be ready to vote upon the question when it comes up again at the next meeting.

The credentials committee presented the following names for membership in the association: The Nurses' Association of Queens and Nassau Counties, membership 21; Alumnae Association of the S. R. Smith Infirmary, membership 38; the Graduate Nurses' Association of Onondaga county, membership 110. Thus adding 169 new members to the association.

The by-laws were amended to the effect that we hold but one regular meeting during the year. Other meetings to be called at the discretion of the executive committee whenever a necessity shall arise for doing so.

The legislative committee reported all bills defeated which had come up during the year and were antagonistic to the present nursing act.

The report of the committee on education appeared in the May JOURNAL, showing the splendid work done by this committee in preparing a uniform curriculum for training-schools.

The report of the board of nurse examiners was most interesting. Up to date (April 17) more than 4,034 nurses have been registered by the Regents. The question now arises, have they all registered their certificates at the County Clerk's office? According to statistics compiled by the secretary, they have not.

During the afternoon session the following interesting papers were read and discussed:

A paper by Mr. L. Bissell Sanford, R. N., on "Registries and Club-Houses for Nurses," was read by Mr. Jackson who, like Mr. Sanford, is a resident of the Mills G. S. Club-House. It was proven by this paper and by the discussion which followed that registries and club-houses for nurses can be and should be conducted successfully by nurses. Not one organization which has tried this plan has failed, and all were enthusiastic in its support.

Miss Ida Palmer, president of the Monroe County Nurses' Association, read a most helpful paper on county associations. They are a necessity and those already organized fill a long-felt want.

The following officers were elected: President, Miss Anna Davids, R. N.; 1st vice-president, Mrs. Gustin Welch, R. N.; 2nd vice-president, Miss Florence E. Poole, R. N.; treasurer, Miss Maria L. Daniels, R. N.; secretary, Miss Frida L. Hartman R. N.; trustee, Miss Annie Daner, R. N.

An invitation from the A. A. of the House of the Good Shepherd, Syracuse, N. Y., asking the association to hold its next annual meeting in Syracuse, was read and unanimously accepted.

The meeting adjourned to meet again in Syracuse in October, 1907.

FRIDA L. HARTMAN, R. N.,
Secretary.

DISTRICT OF COLUMBIA.—The Graduate Nurses' Association of the District of Columbia held its semi-annual meeting May 1, at the Victoria. The reports of the secretary and various committees were presented.

The committee on legislation reported the bill for registration of nurses as having been introduced in the House of Representatives and referred to the subcommittee on the District of Columbia Affairs. A delegate was appointed to the convention of the Nurses' Associated Alumnae of the United States, which will be held in Detroit, Michigan, June 6, 1906.

The question of how the Nurses' Association of the District of Columbia could aid the San Francisco nurses was discussed at length, and at the conclusion a committee was appointed to arrange for a lawn party for the purpose of raising a fund for their benefit. The voting in of 34 new members brings the membership of the association up to 217 members.

Miss L. L. Dock, who has recently been living abroad, gave an interesting talk on the conditions under which nurses in Germany and England are working for the registration of nurses in those countries.

BERTHA ORLO-SMITH, Secretary.

THE Graduate Nurses' Examining Board of Virginia will hold semi-annual examinations in Petersburg, Virginia, on Tuesday, June 19, 1906. Applicants are requested to file names with the secretary of the Board, Mrs. L. de L. Hangle, Waverley Boulevard, Portsmouth, Virginia.

RHODE ISLAND.—The first annual meeting of the Rhode Island Association of Graduate Nurses was held in the Y. M. C. A. Hall on Wednesday, March 7, 1906. The meeting was called to order by the president, Lucy C. Ayers, at 3.40 p. m. Owing to the absence of Margaret J. MacPherson, the secretary, Mary A. Quinn was appointed secretary pro tem. An address by the president emphasizing the object and needs of the association was followed by the report of the secretary, read by Winifred L. Fitzpatrick, which gave a complete history of the organization of the association, the difficulties encountered, and the work achieved during the year. The treasurer's report, in the absence of Sarah B. Wilcox, was read by Marietta Gardner. The following officers were elected for the ensuing year: President, Lucy C. Ayers; 1st vice-president, Kate Grant; 2nd vice-president, Rhoda Packard; corresponding secretary, Alice Dexter; recording secretary, Margaret J. MacPherson; treasurer, Mary S. Gardner; executive committee, Winifred L. Fitzpatrick, Sarah B. Wilcox, Harriott P. Churchill, Ella A. Weaver. Miss Mary Riddle, who was to speak to us of the difficulties to be overcome in obtaining satisfactory legislation for nurses, was unable to be present. Miss Emma L. Stowe, president of board of nurses' examiners in Connecticut, spoke to us of the methods pursued in obtaining the passage of the bill for state registration in Connecticut. She also spoke of the number of nurses who were applying for state certificates. Dr. Helen Putnam spoke of some of the needs for an act to protect graduate nurses in Rhode Island. Many new applications for membership were received.

COLORADO.—The Colorado State Trained Nurses' Association held its annual meeting at the Y. W. C. A. Building on May 10. Dr. B. Vosburgh opened the meeting by reading the Twenty-third Psalm and offering prayer. After the reading of the minutes the program followed: Instrumental music, "Rondeau Brillante," Mr. W. F. Dunning; address, by the president, Miss E. J. Margeson; annual reports from the board of directors, secretary, treasurer, and the chairmen of the membership, program and nominating committees, followed by the "First Movement of the Moonlight Sonata," by Mr. W. F. Dunning. The election resulted as follows: President, Miss F. Reed, Boulder; first vice-president, Miss L. Beecroft, Pueblo; second vice-president, Miss A. Hathaway, Denver; secretary, Miss S. S. Harris, Colorado Springs; treasurer, Miss L. Perrin, Denver. This association is now affiliated with the Associated Alumnæ. Lunch was served at the Shirley, and at 4 p.m. Mr. Dunning played the "Wedding Day," by Grieg, and Paderewski's "Minuet," after which Judge Ben B. Lindsey addressed the Association.

NEW HAMPSHIRE.—On Monday, April 2, the Graduate Nurses of New Hampshire met at Concord to take steps toward organizing a state association, in view of securing state registration. About 50 nurses were present and a great deal of interest was shown by all. The next meeting will be held at the State Hospital at Concord, May 28, at 11 a.m., when a permanent organization will be formed.

MASSACHUSETTS.—At a meeting of the councillors of Mass. State Nurses' Association, May 3, it was voted to contribute \$250 to the California relief fund. A cheque will be sent to Edward T. Devine, agent of the National Red Cross in San Francisco

REGULAR MEETINGS

BOSTON NURSES' CLUB FAIR.—The Easter fair of the Boston Nurses' Club, held at the club-rooms, 755 Boylston Street, was a pleasant success in every way. The rooms were tastefully arranged and decorated with Easter lilies, and the splendid array of useful and fancy articles on the tables were presided over by white-robed nurses. The proceeds are to be added to the fund for the new club-house. A series of fairs has been planned and the next in order is to be at the Christmas holiday. Twenty (20) members have been detailed to manage this occasion, and all are looking forward to the event with pleasure and hope to realize perhaps more than the \$600 which rewarded the energetic committee of this, the pioneer fair, which was ably handled by Miss Caroline Beedle, chairman, assisted by the following efficient workers: Miss Helen Hall, Miss Stevens and Miss Bond presided over the domestic science table which was well supplied with rugs and other useful articles from Dr. Hall's Sanitarium, of Marblehead. Miss McLeay and Miss Hather reaped a goodly reward from Easter cards. Mrs. Martin served a delicious and well-patronized lunch in the dining-room; the assistants were Miss Mitchell, Miss Lautz and Miss Lahely. Dr. Laura Hughes and Miss Anna McCarty had charge of the tea tables. Mrs. Conant presided each afternoon between 4 and 6. Miss Murphy assisted by Miss Donovan and Miss King managed the fancy table, which was more than laden with pretty things. The candy proved a sweet attraction with Miss Dahley at the balance; and Miss Mary Scannell created much interest in the children's table and realized a reasonable sum from the guesses on the name of Miss Dorothy, the doll; while the grab-bag brought forth much mirth and a lively scramble in the direction of the picture table which was well supplied with pretty photographs and prints. The Gipsy Camp was artistically arranged with pine trees, red hangings, and a striking gypsy in the person of Dr. Alice Steeve, who dispensed fate most extravagantly. The palmist, too, was in great demand, and being a professional, worked overtime, netting in the vicinity of twenty-five dollars.

Last, but not least, was the musical part, supplied by Miss Marguerite Morse, whose songs were appreciated by all who attended the fair. Many private contributions were received, and the nurses wish to extend hearty thanks to all.

PHILADELPHIA, PA.—The thirteenth annual meeting of The Alice Fisher Alumnae was held Easter Monday, April 16, 1906, at the club house, 804 Pine street, Philadelphia. The meeting was called to order by the president, Miss M. Malloy. There was a full attendance. The address of the president was full of encouragement, and good report of the labors of the year just passed and an incentive for good earnest work in the future.

The usual memorial services were held at Miss Fisher's grave Easter Sunday. The services were conducted by the Rev. Mr. Willits. Nurses from the school and alumnae were present. The flower committee had the grave beautifully decorated.

The new by-laws were read and adopted. Two delegates were elected for the Detroit convention: Mrs. Warmuth and Miss Rindlaub. Ten dollars was voted the Juvenile Court.

The following officers were elected for the ensuing year: President, Miss M. Malloy; vice-president, Miss Rindlaub; second vice-president, Miss M. Lafferty;

secretary, Miss Van Thuyne; treasurer, Mrs. Warmuth; executive committee, Miss M. C. Lewis, Miss Allen, Miss Guernsey.

The alumnae has sent one hundred dollars to the San Francisco sufferers and is going to give a benefit for same.

FORT WAYNE, IND.—The Hope Hospital Alumnae Association held its annual meeting Tuesday, May 1, when the following statements were made. Twelve regular meetings were held during the year and three special meetings. Nine new members have joined during the year, making a membership of honorary, 1; active, 40; associate, 4. Reports have been given by our delegates to Nurses' Associated Alumnae of the United States, Indiana State Annual Convention, Indiana State Semi-Annual Convention, and to AMERICAN JOURNAL OF NURSING. Our treasurer's report shows an active condition. Aside from being represented in the National Association and Indiana State Association we are taking several nursing journals for our society's benefit, have entertained the Indiana State Association at its semi-annual convention, gave a banquet for Hope Hospital graduating class of nurses, and are still furnishing a room in Hope Hospital called the "Florence Nightingale Room," and have a nucleus for a free bed fund. Program committee reports five original papers by members. Several excellent papers were read from nursing and medical journals and a paper from the Indiana State Semi-Annual Convention. Reports have been given from the conventions attended by one of our delegates. Various cases of interest have been reported at every regular meeting, with exchange of ideas that has been very helpful to all. Social committee reports an entertainment given at Hope Hospital by the president, February 6. A chain of eleven links or eleven members have each written a letter forming a continuous chain of letters to the society.

Our officers elected for the coming year are as follows: President, Mrs. E. G. Fournier (address) Hope Hospital, Ft. Wayne, Ind.; vice-president, Miss Nellie Snider, 1503 E. Washington Street, Ind.; treasurer, Miss M. Dyble, Hope Hospital, Washington Street, Ind.; secretary, Mrs. M. S. Elliott, 1310 Webster Street, Ind.

BROOKLYN, N. Y.—The monthly meeting of the Brooklyn Hospital Training-School Alumnae was held May 1, at 3.30 P.M. Thirty-three members were present. The president announced that a strawberry festival would be given by the Alumnae on May 15, for the benefit of the general fund. Mrs. A. N. Pierce was elected chairman and general manager. The sum of twenty dollars (\$20) was taken up for the benefit of nurses in need in San Francisco. After the meeting Dr. Sabler addressed the members, telling of some wonderful cures obtained by the "law of suggestion," as practiced in his sanitarium in Kingston, N. Y.

PROVIDENCE, R. I.—At the regular meeting of the Rhode Island Alumnae on May 8, arrangements were made to give a dinner and reception to the graduating class. Committees were appointed, also delegates to the Detroit Convention.

BOULDER.—The Boulder County Nurses' Association held its annual meeting on May 1. The following officers were elected: President, Miss C. L. Ham; first vice-president, Miss H. N. Rice; secretary and treasurer, Mr. C. Egnor.

CHICAGO, ILL.—At the twenty-fifth anniversary of the Illinois Training-School the Alumnae Association, after free and full discussion adopted the following resolution by a large majority:

Resolved, That we, the members of the Alumnae Association of the Illinois Training-School for Nurses, form a local association to establish a sinking fund for a Home for Nurses, and do instruct our board of directors to set aside the sum of five hundred dollars (\$500.00) from the money in our treasury for that purpose.

A member of this association may become a member of such association on payment of five dollars (\$5.00) initiation fee and one dollar (\$1.00) annual dues.

The money so set apart and the accumulation thereof, shall be deposited in a savings bank, as a separate and distinct fund, until such time as it shall be practicable to organize a corporation to erect and maintain such Home for Nurses in the State of Illinois, when such fund and its accumulation may be used to purchase stock in such corporation.

At the close of the business meeting the guests entertained were Mrs. Lawrence, Mrs. Dewey, Mrs. Ochsner, Mrs. Nixon, Mrs. Hancock, Dr. Julia Holmes Smith, Mrs. Sanders and Mrs. Rexford, also a few more graduate nurses who are not members. A special anniversary program was presented.

DENVER, COLO.—An Alumnae of the Colorado Training-School for Nurses, connected with the City and County Hospital, was organized March 27, 1906. On April 3 a constitution and by-laws were adopted and the following officers elected: Mrs. Arndt, president; Miss L. M. Fowler, first vice-president; Mrs. E. Groom, second vice-president; Mrs. L. B. Cady, secretary; Miss A. Merrick, treasurer. Advisory and visiting committees were appointed and the second Tuesday in each month was selected upon which to hold the regular meetings. On May 5, the Denver-Gross Medical College Alumni invited the Colorado Training-School Alumnae to a joint meeting in the Academy of Medicine Building. A paper on Ethics in Private Practice, by Miss H. S. Thompson, was read by Miss M. Campbell and discussed by the doctors. Dr. Neuman read a paper on "Tonsillitis," and Dr. Stover related his experiences in San Francisco during the recent earthquake. The meeting closed with refreshments, music and dancing. On May 8 the regular meeting was held at the residence of Mrs. Arndt.

BUFFALO, N. Y.—The Nurses' Alumnae of the Buffalo Homœopathic Hospital, held an Open Day Meeting, April 24, to which all graduate nurses of the city were invited. An informal reception preceded the program which consisted of a recital and violin and vocal solos. Following this, refreshments were served from a table decorated with red ribbons and red carnations, Miss Eva Snyder presiding at the coffee urn. The meeting was well attended by the nurses from the different training-schools of the city, and the homœopathic physicians were also guests.

SCRANTON, PA.—The regular monthly meeting of State Hospital Alumnae Associations was held on April 19, 1906, at the hospital. It was decided to give second annual banquet to the graduating class of 1906, which will be held on May 15, at Hotel Jermyn. After transaction of business a social hour was spent.

RICHMOND, VA.—A meeting of the graduate nurses of Richmond was held at the Sheltering Arms Hospital, in that city, on the 30th of April, and was attended by representatives of the different *alumnæ* associations of the city, and by many other graduates from distant training-schools who have made their home in Richmond. The object of the association is to bring together the graduate white female nurses of the city, for social pleasure and for the promotion of a spirit of unity and the advancement of professional interests; and for the elevation of the standard of nursing. The officers of the association are: President, Miss Blake, superintendent of the Virginia Hospital; vice-president, Miss Robertson, superintendent of St. Luke's Hospital; secretary and treasurer, Miss Elizabeth R. P. Cocke.

BROOKLYN, N. Y.—The *Alumnæ* Association of St. Mary's Hospital Training-School for Nurses held its annual meeting at the hospital on Monday April 2, 1906. There was an unusually large attendance. The following officers were elected for the coming year: President, Miss Martha O'Neill; vice-president, Miss Copeland; secretary, Miss L. Warde; treasurer, Miss Margaret McCarthy. Miss Baker McDonald was elected delegate, and Miss Margaret McCarthy alternate to the Associated *Alumnæ* Convention at Detroit, Michigan. It was voted to amend the by-laws for the purpose of suspending monthly meetings, during the summer months. Four new members were proposed.

AKRON, OHIO.—The first annual meeting of the City Hospital of Akron Nurses' *Alumnæ* Association was held on April 3d. The officers who had acted the previous year being re-elected. Three new members had joined during the year.

DENVER.—The Trained Nurses' Association held its regular meeting on May 7, at the Y. W. C. A. Building. The Association decided upon many of the details connected with running the directory for nurses and chose Miss D. M. Lebo, a graduate of the Cincinnati City Hospital, who has been identified with the Association since its organization, as manager. Dr. Leonard Freeman gave an interesting talk on surgical emergencies.

CHICAGO, ILL.—At the annual meeting of the *Alumnæ* Association of the Illinois Training-School for Nurses, Chicago, Miss Isabel McIsaac was made a life member of the association. The officers elected for the coming year are: President, Miss Minnie H. Ahrens; vice-presidents, Miss Mary Vincent, Miss Janet A. Topping; secretary, Mrs. Cassine D. Wescott, 5735 Washington Avenue; treasurer, Miss Kate Watson.

COLLINGWOOD, CANADA.—The Collingwood *Alumnæ* Association held its first annual meeting on May 5, which was well attended. A central directory has been established.

NEW YORK.—The *Alumnæ* Association of the Roosevelt Hospital Training-School for Nurses held a meeting on May 4. Resolutions of sympathy for the San Francisco nurses were passed and it was decided to start a subscription fund to be forwarded to them on April 15.

ANNUAL REPORT OF THE VISITING NURSE IN THE HUDSON DISTRICT

For several years a trained nurse has been stationed in the branch office of the Charity Organization Society, at 1947 Broadway (Sixty-fifth Street), in the Hudson District, which extends from Forty-sixth Street to Seventy-second Street, and from Fifth Avenue to the river. The cost has been met by members of the district committee and other persons interested in the work.

There is great need in this territory for the services of a nurse. Sickness often occurs in families unable to pay a physician. Sometimes it is of importance to send a patient to a hospital or clinic, especially if it be the man of the family—the breadwinner. More often, if the mother is ill, it is highly desirable to give her the required care at home, particularly in the case of a widow with small children. The children and infants not only demand nursing and care in periods of acute sickness, but oversight at all times in matters of feeding and hygiene. It is pleasant to record that of all the infants under care during the past year every one has thriven.

The majority of cases come to the nurse through the Charity Organization Society, but many are referred to her by individuals and churches in the neighborhood. In her work the nurse coöperates with the Department of Health in checking the spread of contagious and communicable diseases; aids the Board of Education in looking after children reported by school inspectors as diseased or physically defective; and carries out the wishes of the Committee on Tuberculosis in the care of those who have consumption, by instruction in diet and mode of life, and particularly in measures designed to prevent spread of the disease.

Following is a schedule of patients under care from month to month and visits made:

| PATIENTS | | | |
|----------------------|----|--------------------|-----|
| Under active care: | | Under observation: | |
| Men | 14 | Men | 4 |
| Women | 51 | Women | 42 |
| Children | 66 | Children | 51 |
| Infants | 20 | Infants | 14 |
| VISITS | | | |
| Families under care: | | Visits made: | |
| January | 41 | ..... | 173 |
| February | 43 | ..... | 192 |
| March..... | 49 | ..... | 256 |
| April..... | 47 | ..... | 186 |
| May | 47 | ..... | 173 |
| June | 38 | ..... | 198 |
| July | 33 | ..... | 174 |
| August | 31 | ..... | 69 |
| September | 41 | ..... | 145 |
| October | 44 | ..... | 192 |
| November | 52 | ..... | 215 |
| December | 49 | ..... | 209 |

In certain instances the patients are ill of acute disease, and then repeated visits are necessary, their frequency depending, however, on the sort of home as-

sistance that can be given. On the other hand, chronic conditions may require either constant oversight and treatment, or simply advice and general supervision. An abstract from the nurse's record will indicate how varied are these conditions:

| | | | |
|---------------------------|----|---------------------------|----|
| Abrasion | 1 | Infected arm | 1 |
| Adenoids | 4 | Infected hand | 1 |
| Anæmia | 9 | Influenza | 14 |
| Appendicitis | 1 | Injuries (accidents)..... | 13 |
| Arthritis deformans | 1 | Insanity | 4 |
| Asthma | 2 | Jaundice | 1 |
| Bronchitis | 16 | Lead poisoning | 1 |
| Broncho-pneumonia | 5 | Lobar-pneumonia | 8 |
| Burns | 2 | Malnutrition..... | 19 |
| Cancer of breast | 2 | Marasmus | 2 |
| “ “ face | 1 | Mastitis | 1 |
| “ “ liver..... | 1 | Measles | 9 |
| “ “ rectum | 1 | Nephritis | 2 |
| Chicken-pox | 1 | Neurasthenia | 1 |
| Confinements | 8 | Neuritis..... | 2 |
| Conjunctivitis | 9 | Pleurisy | 1 |
| Dental cases | 11 | Pott's disease | |
| Diphtheria..... | 2 | Pulmonary tuberculosis .. | 31 |
| Dislocations | 1 | Rheumatism | 6 |
| Eczema | 4 | Ringworm | 3 |
| Epilepsy | 3 | Scarlet fever..... | 1 |
| Flat-foot | 1 | Senility | 3 |
| Fractures | 3 | Sprains | 1 |
| Gastritis..... | 1 | Stomatitis | 1 |
| Gynæcological..... | 11 | Syphilis | 1 |
| Heart disease | 3 | Tonsillitis | 14 |
| Hernia | 1 | Typhoid fever | 3 |
| Hip-joint disease | 4 | Varicose veins | 2 |
| Idiocy | 1 | Whooping-cough | 1 |
| Impetigo | 5 | Wounds | 3 |

All medical and surgical care is given with the knowledge and under direction of physicians many of whom render their services gratuitously. Among those consulted were Doctors Baird, Baner, Billings, Bruen, Buchanan, Carr, Chapman, Clock, Conlan, Cooper, Cremin, Dounce, Fennell, Hamlin, Hann, Henry, Kennedy, Kilmer, Jacobson, Lapowski, Lyon, McKensie, Miller, O'Donohue, Spicer, Swift, Taylor, Terrell, Tracy, Waters, West, Williams.

Ofttimes patients stand in need of hospital treatment or they can be treated in clinics as ambulant cases. Those entered at hospitals are visited from time to time, and afterwards are watched over at home during convalescence. One or more patients have been placed at the following institutions:

HOSPITALS

| | |
|----------|-------------------|
| Babies | New York Lying-in |
| Bellevue | Randall's Island |
| City | Roosevelt |

HOSPITALS

| | |
|--------------------|-----------------------|
| Columbus | Ruptured and Crippled |
| General Memorial | Seton |
| House of Rest | Sloane Maternity |
| Laura Franklin | St. Joseph's |
| Metropolitan | St. Mary's (Children) |
| New York Foundling | St. Vincent's |

CLINICS

| | |
|---------------------|-----------------------|
| Bellevue | Roosevelt |
| Board of Health | Ruptured and Crippled |
| Manhattan | Vanderbilt |
| New York Dental | Wilkes |
| Private Clinics (3) | |

Either following sickness, or as a result of life in unhealthy surroundings and on bad food, it has been found necessary to send some people away for rest and up-building to the following Homes or places:

| | |
|-----------------------------------|--------------------------------------|
| All Angels' Farm (on the Hudson). | Ray Brook (Adirondacks). |
| Egerton Nursery. | St. Agnes's Home, Sparkhill, N. Y. |
| Freehold, N. J. | St. Eleanora's Home, Tuckahoe, N. Y. |
| Homer, N. Y. | St. John's Home, Haverstraw, N. Y. |
| Home for Convalescents. | Sea Breeze, Coney Island, N. Y. |
| " " the Friendless. | Spring Valley, N. Y. |
| Isabella Haimath Home. | The Lodge, Farmington, Conn. |
| Pelham Manor, N. Y. | Watts de Peyster Home, Tivoli, N. Y. |

By virtue of her intimate knowledge and frequent visitation to the families under her charge, the nurse becomes almoner of funds contributed from various sources. During the past year she has disbursed:

| | |
|--|------------|
| Rent | \$1,127.00 |
| Allowances | 641.00 |
| Food and clothing (value) | 268.00 |
| Milk and eggs (consumptives and infants) | 392.00 |
| Medicines..... | 90.00 |
| Coal | 26.50 |
| Carfare (for indigent persons) | 7.25 |

The sum of \$1,000 is annually needed to pay the salary of the nurse and her incidental expenses; and her services are well-nigh indispensable, for the work can be accomplished in no other way.

The committee earnestly appeals for contributions to the fund for the visiting nurse, and remittances will be most gratefully received and promptly acknowledged.

1947 Broadway, New York.

February, 1906.

Checks may be drawn to Frederick Nathan, Secretary, or Addison W. Baird M. D., Treasurer.

[The nurse who makes this report is Miss Anne Stewart Bussell.—ED.]

PERSONAL

IN March Miss S. H. Cabaniss, Johns Hopkins Alumnæ, nurse in charge of the Visiting Nurses' Association of Richmond, Va.; and Miss Nannie J. Minor, Old Dominion Hospital Alumnæ Association, and district nurse, Richmond, Va., returned from eight months absence in Europe.

MISS R. Z. VAN VORT, Superintendent of the Memorial Hospital, Richmond, Va., has resigned from the Old Dominion Hospital Alumnæ Association.

MISS CARRIE LONER has been appointed superintendent of the Wise Memorial Hospital, Omaha, Nebraska.

THE Quincy Alumnæ paid tribute to Miss Florence Nightingale on her eighty-sixth birthday—May 12—by wearing a pretty white badge decorated with a red cross and "*Nightingale*" in gold letters. The evening was spent at the Blessing Hospital

MISS THERESA EARLES MCCARTHY, who has done such exceedingly valuable work as the Secretary of the California State Nurses' Association, has been obliged to resign from that position because of the stress of other work. Mrs. E. W. Downing, late superintendent of the Waldeck Hospital, who lives at Suisun, Solano County, Cal., has succeeded her. The Councilors held a meeting at the Children's Hospital on May 3. Miss McCarthy reported that she would be unable to represent the State Association at the Detroit convention, and Miss Genevieve Cooke was appointed to go in her place. It is expected that Miss Sweeney will be sent as the delegate from the Children's Hospital Alumnæ

MISS M. LOUISE MARTIN has resigned as superintendent of the Wilson Hospital, Martin's Ferry, Ohio, and will spend the summer at her home in Virginia.

MISS EDITH GREEN, graduate of The Lady Stanley Institute, Ottawa, class 1905, has been appointed night-supervisor in the Hospital for Sick Children, Toronto, Ontario.

MISS IRENE LENIG after nine years' service has resigned as superintendent of the Emergency Hospital at Washington, D. C. Miss Lenig will be succeeded by Dr. Charles S. White, the resident physician, who will take over the management of the hospital. Miss Lenig resigns to be married.

MARRIAGES

MISS EDITH CUNNINGHAM, Roosevelt Hospital, 1906, was married to Dr. Charles Leibrech. Dr. and Mrs. Leibrech will live in New York City.

ON April 25, Miss J. J. Cunningham, (Rochester City Hospital) to Mr. John H. Wallace. Mr. and Mrs. Wallace will make their home at Port Elgin, Canada

ON March 10, in Taunton, Mass., Miss Matre F. Wyman to Mr. William White, of Beloit Station, Canada.

AT Boston, Mass., April 16, 1906, Laura Davy Howard (Protestant Episcopal Hospital, Philadelphia) to Arthur Sibley. Mr. and Mrs. Sibley will make their home in Ashmont, Mass.

AT Brooklyn, New York, April 30, Mrs. Margaret Louise Fitchette (Memorial Hospital, Brooklyn, class of 1900) to Mr. Henry Tarbell.

April 30, 1906, at Bishop's Palace, City of Panama, Emma L. Kennedy, graduate, 1897, from training-school for nurses connected with St. Mary's Hospital, Brooklyn, N. Y., to Dr. Emmet T. Vaughn, physician at Corozal Dispensary, Canal Zone. Dr. and Mrs. Vaughn expect soon to take a leave and come north on a visit to the United States. For the present they will reside at Corozal, where Dr. Vaughn is on duty.

APRIL 18, 1906, Reufrew, Ontario, Miss Elizabeth C. Ritchie, graduate of the Lady Stanley Institute, class 1901, to Dr. C. T. Ballantyne, of Ottawa, Ont.

IN Brooklyn, N. Y., March 23, Miss Beatrice Stuart Monteith (Brooklyn Hospital), to Dr. William Fraser Mackay.

THE nurses of West Chester County, New York, have organized a county association with Mrs. Charity Goerch as president, Mrs. Mary Frances Lee as secretary, and Miss Dora Trayleu as treasurer. The next meeting will be held June 12, at the Nurses' Home, St. John's Riverside Hospital, when all registered nurses in the County are invited to attend, and become members.



HOSPITAL AND TRAINING-SCHOOL ITEMS



TRAINING-SCHOOL NOTES

THE graduating exercises of the Training-School of St. Luke's Hospital, New Bedford, Mass., were held on May 16, when the following young ladies were given diplomas: Edna E. Stimpson, Edith E. Taylor, Gertrude Irwin, Edith L. Meates, Nettie V. Gibson, Anna G. Perry, Mary C. Stephenson, F. Maude Kingsley, Emily B. Marshall.

The Ladies' Aid Society of the Morton Hospital, Taunton, Mass., have raised a sum of money sufficient to furnish a small library for the nurses. The members of the medical staff have contributed money for reference box.

The graduating exercises of the class of 1906 of the University of Maryland Hospital Training-School for Nurses were held in the assembly hall of the hospital, on Friday, May 17, 4 P.M.

The diplomas were conferred by Prof. R. Dorsey Crale, Dean of the University. His excellency Edwin Warfield, Governor of Maryland, delivered the address to the graduates. Right Rev. William Paret, Bishop of Maryland, pronounced the benediction.

The graduates, thirteen in number, were Mrs. Ethel Palmer Clark, Mrs. Ann G. Fruitt, Misses Sarah A. W. Sanderson, Clara C. Inery, Sara W. Cunningham, Katharine K. Laudwehr, Nellie H. Carter, Annie C. Chapman, Mary C. Ellicott, Aeri W. Phillips, Lenore G. Doyle, Miriam L. Jessop, and Margaret C. Lawrence.

In the evening a reception, followed by a dance, was held.

ON June 1 the Orange Training-School, New Jersey, will cease to exist as a separate school, and the control will be assumed by the Orange Memorial Hospital. The governors of the training-school will become members of the hospital board. Miss McKechnie will be the superintendent of both the hospital and training-school, and Miss Squire her assistant. The Orange school is now registered with the Regents of New York State.

ST. MARY'S HOSPITAL, Green Bay, Wisconsin, graduates its first class of three nurses on June 10. Maud Robbillard, Angela E. Bondreau and Anna Marie Stromer are the members of this first graduating class. St. Mary's Hospital is under the supervision of the Sisters of Misericorde and is attached to a maternity hospital and an infants' home.

GRADUATING EXERCISES of St. Joseph's Hospital Training-School, of Baltimore, Maryland, were held May 17. The names of the graduates are: Misses Bessie Oliver Pearce, Lucy Cameron Marshall, Beulah Garland Robey, Mary Philomena Naughton Bertha Antoinette Wicolai Sasse.

CHANGES IN THE ARMY NURSE CORPS



CHANGES IN THE ARMY NURSE CORPS RECORDED IN THE SURGEON-GENERAL'S OFFICE FOR THE MONTH ENDING MAY 14, 1906.

CHAMBERLIN, ANNA B., formerly chief nurse at the Division Hospital, Manila, P. I., was returned to the United States, on account of illness, on transport Sheridan; arrived at San Francisco April 26, and sent to Benicia Barracks for treatment.

CRAIG, MARY E., transferred from the Division Hospital, Manila, P. I., to the United States, on Sheridan; arrived at San Francisco April 26, and sent to Benicia Barracks for temporary duty.

McHUGH, CECILIA, transferred from Camp Keithley, Mindanao, to Division Hospital, Manila, P. I.

PICKEL, HELEN M., transferred from the Division Hospital, Manila, P. I., to the United States, on Sheridan; arrived at San Francisco April 26, and sent to Benicia Barracks for temporary duty.

RICHMOND, EDITH L., transferred from Zamboanga to temporary detached duty at Jolo, Jolo, P. I.

SHAW, EDITH M., transferred from Zamboanga to temporary detached duty at Jolo, Jolo, P. I.

YOUNG, AGNES G., recently reported at the Division Hospital, Manila, P. I. transferred to Fort William McKinley, and appointed chief nurse at that post.



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THE TWELFTH ANNUAL CONVENTION OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING-SCHOOLS FOR NURSES

NEW YORK, April 25, 26, 27, 1906

ADDRESS OF WELCOME BY THE HONORABLE SETH LOW

I LOOK upon it as a very great privilege and honor to be permitted to come here this morning to extend to you the welcome of the people of the City of New York. I wish that you could gather from the tones of my voice some echo of the gratitude of the many sick and injured in the city, in whose interest and on whose behalf you are here. I wish that some note of appreciation on the part of the multitudes of friends of those who are sick and injured, and have been sick and injured, would sound through my voice into your ears, and tell you how very welcome you are. The late Mr. Travers, who had the infirmity of stuttering, is reported to have been asked one day by a friend why it was that he stuttered so much more in New York than in Baltimore, where he at one time lived. Mr. Travers replied, that he thought perhaps because it was a bigger city. That was a whimsical enough opinion to apply to such a subject, but it is because New York is so great a city that you are so very welcome. Here you really get the welcome of four millions of people; it is rather overwhelming you may think, but I do believe that the very multitude of those who greet you through me should be an inspiration to you in all your work.

Everyone who knows anything about such matters, appreciates that the trained nurse is the product of the Training-School for Nurses, and everyone who knows anything about the conditions of administration in such an institution, understands the perfectly vital relation of the superintendent to the success of the training-school. I often think, and some-

times say, that the whole secret of making anything successful is to get the right person at the head, and precisely as an army needs to be well led to accomplish its best result, so with any other work whether it is of a university, whether of a hospital, or whether of a training-school, for success there must be at the head a Christian, a competent person, and a person with business ability. These complements in the work you are doing are the requisites of success. There is a great deal besides, naturally, which ministers to success in any enterprise. Of course, it is perfectly apparent that the trained nurse could not exist without the training-school. The question I want to develop is the question of training. There has been a belief I think, in every walk of life, that the way to learn how to manage, how to excel in that occupation, is through practice. I remember perfectly well when it was believed that the only way to learn law was to study in a law office. When law schools were first proposed, they were scoffed at. I remember that when the School of Mines at Columbia was established in 1864, many ridiculed it and said that the only way to be a mining engineer was to work in the mines, and yet it is the mining engineer, trained in the schools of the country, who has revolutionized mining in all its branches. What is true of the law, of mining, and of medicine, is just as true of the art of nursing. I think that is now past discussion, and it is just as true for those who are to have the special duties of superintendent of training-schools, as it is possible to learn by a course of study, many of the principles of which have to be applied by practice. Now I am not proposing that there should be such classes in the training-schools for superintendents. I have no doubt in the training-schools themselves they learn a very large part of what it is necessary they should know, but it was my good fortune to be the President of Columbia University when this Association arranged for the course for superintendents of training-schools which has since been maintained in the Teachers' College of that University. The idea commended itself to me very heartily at the time, and I did everything I could to secure the establishing of the course. Because I refer to it now I am not in any way speaking for that course in particular. That is only the type of what ought to be done in all the universities that are sufficiently well equipped to undertake such work, but I do think there are things to be learned by superintendents in the course of a year or two of study that it may be found very difficult to learn at all in the practical administration of a superintendent's work, or which could be learned in that field without the expenditure of time and labor, and perhaps at the expense of others. Every practitioner gets his wisdom through experience, and that experience is often contrib-

uted to by those upon whom they practise. But I do think that there is something to be learned about the art of teaching by anyone who has to teach. It is not many years ago that there was very little attention paid in colleges to the art of teaching the best methods of instruction for children of a given age, or adults, and yet that idea has, in the last ten years, obtained a very strong foothold in the world of higher education. Almost every large university has its training-school for teachers; of course you have a training-school for nurses. The point I want to bring out is my own belief, partial or incomplete as it may be, that there is something of benefit to those who are to superintend such schools to be had out of such courses, and I hope that this Association will not only continue to support that course, but that it will throw its great influence in favor of the provision for such courses in all parts of the country, where they are at all possible or desirable. I speak of it without knowing what may be the views of those present, though I suppose you will be in harmony with what I have been trying to say. I know so well what the atmosphere is outside among people who have not been brought closely in contact with the subject. The precise thing is that such a course would be invaluable to the superintendent, and I am perfectly sure that the more perfectly the superintendent understands the fields of the questions that are involved in good teaching, the much more competent she will be to administer a training-school along the wisest lines.

In speaking as I have, I feel sure that my words will assure you, in some small measure at least, how profoundly I sympathize with every feature of your occupation. The trained nurses and superintendents of training-schools seem to me almost the finished product of the nineteenth century, and we, who are charged with the duty of transmitting that gift through the centuries to come, are also charged with the duties of improving it.

ADDRESS OF THE PRESIDENT

ANNIE W. GOODRICH

New York Hospital

As we realize that from the little band of eighteen women who, twelve years ago, founded this Society, we have to-day become a body with a membership roll rapidly approaching three hundred, representing schools of nursing and hospitals all over these United States and Canada, who are sending out yearly, to the many and varied fields of labor that now await the professional nurse, thousands of graduates, we must realize

that we have indeed become a part of a vast complex system, and a part whose responsibility to the community at large is very great.

We have a threefold responsibility. A responsibility to the institutions in which we are privileged to serve, and, just in so much as we realize this responsibility, shall we give conscientious and untiring attention to every question, great or small, that we may assist them to more efficiently serve their double purpose of caring for the sick and educating the medical student and the nurse.

We have a responsibility to that great body of public benefactors, the medical profession, and, just in as much as we appreciate the magnificent work they are doing in this suffering world of ours, shall we account no work and study too great that will enable us to more perfectly in every detail carry out that ever-increasing part of their work that they have placed in our hands.

But I believe that we have a third and greater responsibility than these—our responsibility to the future members of our profession. They come to us from all classes—the college girl, so full of theories that we find it hard to make her practical; the girl whose early limitations have been such that we question her ability to acquire sufficient theory to make her practice intelligent; the society girl, and the religious girl; and in each one the germ of a desire to be of service to her fellow-man.

They come to us in the formative and, therefore, the most impressionable period of their professional life, to be moulded, developed, disciplined and instructed. They place themselves unconditionally in our hands. And what have we to offer? I think to-day we have a great deal. To be allowed to prepare themselves for their profession in these institutions, so splendidly equipped for the care of the sick and for scientific work, which a generous American public are continually building, and to which they have added comfortable and in some cases most attractive homes which afford the protection and restraint which are so beneficial, even so necessary, in the earlier years of a self-supporting woman's life; to come in constant daily contact with the great minds connected with these institutions, is in itself an inestimable privilege.

But that we as their instructors and their guides, and that we as a profession, have so much to offer them, we owe, I think, in the main, to that band of eighteen women whose almost prophetic vision enabled them to lay so splendid a foundation for the profession. To enumerate all that we owe them would be to give the history of our past twelve years. It seems to me, as we look over the interesting records of our societies, that, from the beginning, there was not one problem with which we have

contended or are contending that they did not foresee and persistently and patiently strive to solve. We marvel that in these few years so much of their future has become our present.

They organized this Society because they realized that through such organization only could we hope to obtain uniform standards of education and a code of ethics; in short, all we require to be recognized as a profession. They organized the larger society because they realized that to maintain our standards of education we must have legislation, and through organization could we not only best obtain legislation, but best render to the community any public service they might require.

Because they realized that the best administrators in our hospitals and the best teachers in our schools of nursing would be women whose preliminary instruction had been that of the nurse, and because they also realized that teaching methods could not be obtained at the bedside of the sick, and that to efficiently and economically carry on the administration of the modern hospital, it required something more than could be obtained in a few months in charge of a single ward, they sought for some institution of learning broad enough to open its doors, and found a place for us in Columbia University, at the Teachers' College. They established preliminary courses and the practical demonstrations that have done so much to perfect nursing technique; they outlined curricula, and from their text-books we have taught much and learned more.

Many of them are still with us, but year by year they are withdrawing and asking that we should assume the burden; and although we know that, despite all that has been done, it will require years of unceasing effort for and with our pupils, to prepare them for what they could be to the public, with the inspiration of the service these women have rendered we should push on and never know discouragement.

I think our pupils often do not know themselves how much they need the knowledge we would give them; I think it would be strange if they did. In the great school of life, has it been from our elective or our compulsory courses that we have learned our most valuable lessons? They come to be instructed in the care of the sick, and, in so much as we directly fail or serve them in this, will they pronounce their verdict of our failure or success. Not one of them would deny that nurses need to acquire many soldierly qualities, if they are to go out properly equipped for their many opportunities of splendid unselfish service to the people. Yet perhaps few of them appreciate that our insistence on the three years' course is in no wise to benefit the hospital service, but because we realize, as Washington so tersely puts it, "the firmness

requisite for the real business of fighting is only to be attained by a constant course of discipline and service." Our experience should serve us as vision, and our memories should not fail us where their welfare is concerned.

Our realization to-day that our mistakes and our anxieties were trebled by our ignorance while pupils in the training-school, or in positions of responsibility for which we were in no wise fitted, should be something more to us than a regret. What Thomas Fuller says History does for the young man, should not our history do for our pupils? "History maketh a young man to be old without either wrinkles or gray hairs, privileging him with the experience of age without either the infirmities or inconveniences thereof."

It is our duty to persistently strive to remedy the too-numerous defects of our systems. Our hours are still much too long, and the number of classes held in the evening is to be deplored. Not only are we greatly failing in our duty to the sick when we refuse to affiliate with contagious hospitals or with hospitals for the insane, but we are failing to provide our pupils with most valuable experience. Not one of us who has established any form of a preliminary course would fail to testify to its value or revert to a former condition; but the great difficulties attendant upon it, when carried on in connection with the regular work,—difficulties not necessary for us to discuss, so conversant are we all with them,—force us more and more to the conclusion that to combine theoretical instruction with an active hospital service is an injustice to our pupils; and more and more we find our thought reverting to the proposed central school as the solution of the problem. How it will come we do not know. Personally, we would deviate somewhat from the plans already presented, but of this much we are convinced: that it should come, that it will come, and come in whatever way it commends itself to the majority of those through whom it comes.

If all the women in charge of schools of nursing in the country were in this hall to-day, as we only wish they were, we should represent the instruction of 21,000 of our citizens, not one of whom, if we do our part, will close the door of her Alma Mater behind her without regret at leaving, and a deep conviction that she is a better, nobler, broader, wiser woman for that three years. We have an opportunity to-day, in the revision of our Constitution, to open wide the doors of our Society. I think we cannot open them too wide; we need the head of every department of nursing education to consult with us and to help us to better prepare our pupils to carry on their work.

And if the great number needed for our institutions makes us

tremble for our standards of admission, cannot we discern at least a further opportunity that is forced upon us? I am sure that it would be the consensus of opinion of those who have established a preliminary course that it has decreased rather than increased the number of pupils sent away, inasmuch as careful supervision and personal instruction have wonderfully developed material which at first seemed impossible. Never should a pupil be with us, even for a few weeks' testing, without a higher and broader appreciation of what the profession means. Never does one present herself at the door of our office, in angry defiance of our judgment, or in humble appreciation of her deficiencies, when it is our decision that she cannot find a part in our school, and states, as they invariably do, that though she has failed to qualify for us it is more than ever her intention to carry on the work, that we are not grateful that she has found with us a still further inspiration.

We are not alone in this struggle. Assisting us more than we know are philanthropic bodies striving for social betterment; Boards of Health demanding tenement inspection, food inspection, and fuller knowledge of the laws of life for the community at large, that the children may have more healthful bodies to propel their souls along their way; and Boards of Education demanding higher standards of their teachers. We cannot look over the magnificent reports of the Bureau of Education in Washington and not only not realize what they are doing for us, but, we are glad to add, what we can do for them. In their effort to deal with the temperance question, they have made mandatory in the schools in every State instruction in the very subjects whose advisability as a part of our curriculum has been questioned; and it would seem to us that the power of our nurses, with their knowledge of the harmfulness of nearly every drug when taken without medical advice, and with their intimate association in the household, to overcome that ever-increasing tendency of the public to their indiscriminate usage, would indeed be great. Much of the instruction we are obliged to provide for our pupils to-day will, I am convinced, be made unnecessary by the introduction (which will soon be universal) of the manual training school, "that most colossal improvement," says Prof. James, "which recent years have seen in secondary education," "not because," he adds, "they will give us a people more handy and practical for domestic life and better skilled in the trades, but because they will give us citizens with an entirely different intellectual fibre."

We have undoubtedly much work, criticisms just and unjust, and moments of deepest discouragement before us, and problems not less difficult of solution than those of the pioneer days; but herein lies our

great incentive, the whole question is throbbing with life. When we say that all struggle is over, we shall say it has ceased to live.

We welcome you with all our hearts to New York. Your presence is to us an inspiration, and we most earnestly trust that from these meetings we may each gather some new knowledge, some fresh strength and energy, and much-needed encouragement to help us to better carry on this splendid work of ours.

THE ECONOMICAL FURNISHING AND EQUIPMENT OF CHILDREN'S HOSPITALS OR WARDS

By MISS MARIENNE WHEELER

Late Superintendent, Babies' Hospital, New York

IN the furnishing of an infants' hospital or ward, do not make the mistake of thinking that an elaborate or extensive equipment is necessary. The simpler the furnishings the better. My advice would be to furnish only the absolute necessities at first; then add from time to time such accessories as the needs of the ward demand. I believe you will find them to be very few.

Children are much more susceptible to contagion than adults. They also seem to possess an uncommon attraction for pus germs, as well as those of dysentery and kindred intestinal troubles. Therefore the furnishings should be very plain, and there should be but few pieces of furniture in the ward. I know the temptation is great, not only for those in charge, but for the lady managers, to try to make the ward attractive by decorating the walls with appropriate pictures and bas-reliefs of fat little cherubs, and to try to shield the cribs from draughts with art screens made of Swiss muslin and ribbon bows. The former are only dust catchers and the latter, while they look pretty, afford the patient no protection from draughts.

The wards in which children are kept should be large, with good ventilation. Adjoining each ward should be a small room for bathing, dressing and changing the children. It is only in this way the air in a ward full of babies can be kept fresh and free from odor. It should also be so planned that, at least once a day, the windows in the ward can be opened wide, top and bottom, letting in a free current of fresh air. At such times the bedding and linen should be spread out over the cribs

and chairs, letting the air sift through them thoroughly. The proper time to do this is preferably in the morning, while the children are having their baths.

The ward floors should be tiled if possible. The walls should be of hard finish with rounded corners. Up to a height of eight or ten feet the walls should be made of one of those hard plasters which will neither dent nor break when an ordinarily hard substance comes in contact with them.

Many infants who find their way into the free hospitals suffer more or less from weak eyes, or from some mild disease of the eyes. This makes it advisable to have the walls painted a dark color so as to soften the glare of the most desirable sunshine. In our wards we found a dark green paint (not a bluish green, but one with some yellow in it) very satisfactory. We also arranged the beds so that the children faced the walls instead of the glaring windows. For the same reason, chandeliers or ceiling lights are undesirable. If there are electric lights it is so convenient for the busy night nurse to press a button and forget to push it back again, leaving the light on for hours and frequently all night. If gas is used the chandelier is usually too high to be easily reached and the nurse cannot find time to turn it out and relight it half a dozen times each night. Relighting requires the use of a match, the finding of which in a hospital ward is like the proverbial "finding a needle in a hay-stack." All this, however, is as nothing compared to the unpleasant, not to say injurious, effects of high lights upon infants' eyes. Chandelier lights, on account of their being used carelessly, are a source of needless expense and single side lights are much to be preferred.

Beds.—With regard to the furniture in a ward: We will begin first with the beds. Brass beds are impracticable, as they are costly and consume too much of the time of nurses or attendants to keep them bright and in order. This time can be spent much more effectually at more important duties. The fact is that brass or copper trimmings, furnishings, pus basins, or other ward utensils which require the use of metal polish to keep bright, are not sanitary, and as I have before intimated, the time absorbed in such work can be more profitably spent elsewhere, either in caring for the patients (for I have yet to find the hospital patient who has suffered from an overdose of good care) or in seeking more carefully for dust and germs on walls, paint, furniture and floors.

To return to the subject of brass beds: They are an inexcusable expense in furnishing a ward, and an expense which does not cease with

their purchase, for the lacquer, covering the brass, is perishable, especially when subjected to the constant wear and tear of a childrens' ward. When this lacquer is destroyed, the bed must either be refinished, which is very expensive, or the polishing business commences. The polish, which is a dirty conglomeration of powder, grease, acids, oils and coloring matter, is dropped around on the floor and bedding, collects in cracks and corners of the crib, which becomes caked with this greasy, sticky substance that catches and holds dust, and microbes.

Plain iron beds, white enamelled, without brass ornamentation of any kind, are the most practicable and lasting. Enamel paint is cheap and beds of this kind can always be kept white, clean and sanitary by occasional fresh coats of paint.

We found a woven-wire mattress to be the most comfortable and most sanitary. I can assure you that they are comfortable, for I have tried them for several successive nights. While at the Children's Hospital in Berlin, of which Dr. Baginsky is the chief, I saw a crib so arranged that the mattress could be raised to any desired height by means of hooks attached to the frame on which the mattress rested. When this frame was raised the hooks caught on the cross pieces at the head and foot of the crib. Since it is not always wise to remove sick children from their cribs to make physical examinations, do dressings, etc., the design of the beds seemed to be a fine one; but these beds were made of wood, which was not practicable for hospital use. Consequently,* with the aid of a manufacturer, a crib was designed with a wire mattress which can be raised to three different heights. The sides of the beds are stationary and high enough to prevent a restless or frisky child from falling out, when the mattress is in its low, natural position. But when a child is acutely ill the mattress can be raised to a higher point and the nurse can attend to all necessary duties connected with the patient with ease and without tiring her back. For physical examinations, surgical dressings, sponge baths, etc., there is a still higher point to which the mattress can be raised.

These beds have been in use in the Babies' Hospital for nearly four years, and have proved an ideal hospital crib.

Stuffed mattresses are not used. Instead, we use a heavy blanket folded four times. This is covered with a good-sized piece of lightweight rubber sheeting. Then comes a sheet and a large quilted pad on which the patient lies. The covering consists of a regulation sheet, blanket and counterpane.

* By Miss Wheeler.

The advantage of using a blanket in an infants' hospital instead of a mattress is too obvious to need comment. I will only add that while sun, air and sterilizing may kill bacteria, and unpleasant disinfecting powders and fluids outrank equally unpleasant odors of mattresses long in use, they cannot make them clean. The filling necessarily becomes filthy from constant use, especially when the beds are continuously occupied by very young infants or children who have not been trained to cleanly habits. It is true the beds may be renovated and the filling frequently renewed; but this is costly. Blankets can be sunned, fumigated and washed as often as necessary. They can be kept clean as well as sterile. They cannot, however, be placed in a sterilizing apparatus without ruining them; but this would seem unnecessary if there is any virtue in fumigation. If the blanket is carefully protected with the rubber sheeting (and it seems to cling and lie smoother on a blanket than on a mattress) frequent sunning and airing makes continual or even monthly washing unnecessary. Thus these blankets may be kept in good condition for years, and from an economical point of view it also makes an ideal mattress in the wards of a children's hospital.

Chairs.—For the use of nurses in the wards I would advise a plain white enamelled chair. They should be quite low, as the nurse can then hold children much more comfortably in her lap. Since modern methods forbid the rocking of children I would not advise the use of rockers,—not only for the reason just mentioned, but because they are so destructive, marring the paint and walls; and by no means the least objection to them is that the little runabouts are continually tripping over the rockers, with results more or less unpleasant, not to say painful. Three of these low chairs for the nurses' use, one a little higher for table or desk, are sufficient for a ward of ordinary size. There should also be some small chairs for the children,—in a ward of twelve or fifteen patients I should say about three small rockers. Convalescent children too young to walk take the greatest delight in rocking all day in these little chairs; but they must be tied in and the chairs so placed at the head or the foot of the crib that the rockers go under the crib. In this way the runabouts are safe from accident.

If there is no sun parlor where the older convalescents can be taken for a change of air, then the wards should be provided with several small steamer or Morris chairs. It is better, however, not to have these chairs in the wards if it can be otherwise arranged.

All chairs should be plain in design, made of wood and finished with white enamel paint. Wicker, rattan or fancy chairs of any kind are not satisfactory.

Tables.—Two tables are necessary for ward dressings, as with infants and children slight affections of the eyes and ears are common and need constant attention, and the tables are quite essential for holding cotton, solutions, syringes, and other accessories to be used in caring for such. These tables should be fairly small so that they may be easily moved from crib to crib and take up only a little room. They should be of steel, white enamelled, with glass top, one about 20 by 16 inches; the other about 16 by 14 inches. Another table about four or five inches larger than the largest one mentioned, of same material but containing a drawer, may be used as a writing table, the drawer to contain the bedside notes, charts and other necessary ward stationery.

Medicine closets, such as are used in ordinary hospital wards, are awkward as well as totally unnecessary. The smaller ones are not usually made by the manufacturers, but a good one can be devised by using a small cabinet containing two glass shelves and attached to a small square table. It is large enough for all purposes and makes a very neat and attractive medicine closet at about one-third the cost of one of the ordinary size.

Screens.—Sick children are very susceptible to even the slightest draughts, thus making numerous screens necessary. These are the most expensive part of the furnishings of a ward. It is impossible to find screens at any of the hospital supply stores which are suitable or practicable for hospital use. At the Babies' Hospital the screen we found most practicable and durable was one made like a clothes-horse, of strips of wood two inches wide and three-quarters of an inch thick. In height they came just above the cribs. Holes were bored through the entire width of the side pieces, top and bottom. Through these brass rods were inserted. The frames, of course, were painted with white enamel paint. The curtains were made of white cambric gathered on the brass rods top and bottom. To protect a patient from merely a door draught a two-fold screen would answer; but for ordinary use we found a three-fold screen, which protected the bed on three sides, the most useful by far. The sides of the screen should be joined with a double-action hinge. I do not know the technical name of these hinges, but they permit the screen to be swung both ways. The screen frames alone cost about twelve dollars apiece, including the brass rods. The curtains for each screen cost about a dollar and fifty cents more, and about six screens are necessary for each ward; this depends somewhat, however, upon the number of windows and doors in the ward. It will be readily seen that these are the most expensive articles in ward furniture.

Dressing Rooms.—One of the greatest trials of a babies' ward is

the odor. This can be obviated in a measure, if not entirely overcome, by always making use of the dressing rooms mentioned earlier in this paper. All patients, except the very sick ones, should be bathed, dressed, undressed and changed in these rooms. All toilet accessories, solutions, apparatus for irrigating, washes for eyes, ears, mouths, all ointments, and in fact everything that is not absolutely necessary in the wards, should be kept in these rooms. Closets or shelves for clothing should be provided; and, if possible, closets should have a window for ventilation. The furniture necessary for these rooms is bath tubs, which are best stationary; two small, low, square tables, of the same material as those in the wards; three or four low chairs, half a dozen agate basins, and two galvanized-steel cans for soiled clothing and diapers. This completes the furnishings of a ward ante-room.

I do not know that the means of waste are greater in an infants' ward than in an adults' ward; but I do know that the numerous small articles of clothing, such as diapers, safety pins, bedding, etc., disappear with such surprising rapidity that unless every detail is most carefully watched the leakage is very great and the inroads on the hospital exchequer are great. It therefore pays to give considerable attention to small details.

Loss of clothing through the laundry in an infants' hospital is excessive, especially small pieces, such as bootees, socks, stockings, wash cloths, bands and shirts, which go into the washers apparently never to come out again. To obviate this in some degree we found it an excellent plan to sew together a number of small pieces of the same kind, such as wash cloths, bands and shirts. The stockings were mated and sewn together, otherwise I fear the laundry would be responsible for many divorces among these little pairs. Babies' napkins are another great means of waste. If full license is allowed they are used for almost every purpose conceivable. If a maid wishes a floor cloth she much prefers to take one of these pieces rather than to ask for the proper article. If by chance you should admire the deft manner in which the man is polishing the windows, look a little closer and you will surely find a square cotton diapering in his hand and another tucked under his arm or in his pocket. Even the all- and self-sufficient engineer is not above sneaking into the laundry and making off with a half a dozen or more of these useful articles to rub up his oily machinery; and, as for the workers in the ward, the ingenuity with which they find uses for the babies' diapers is as wonderful as it is voluminous. They are made to answer for dusters, bibs, wash cloths, towels and even sheets and pillow cases, should that supply fall short. In fact it is almost impossible to find

a use to which these articles cannot be put by an ingenious person; and even in a small hospital they may disappear at the rate of five hundred or more a week unless a careful watch is kept.

Next in order comes the innocent and elusive little safety pin. It is one of the most remarkable mysteries of a babies' hospital, the way in which they disappear. They melt away like snow under a summer sun, and though small in themselves can be one of the largest items of ward expenses unless carefully looked after. This may seem a small economy to mention, but unless it receives considerable petting, the waste from this source will make extraordinary inroads on the hospital exchequer.

NURSES' HOMES: THEIR FURNISHING AND EQUIPMENT

By MISS FLORA SHAW

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As a preliminary step to the discussion of the furnishing and equipment of *any* building must come some consideration of the number and arrangement of the various rooms which it does or should contain.

Our schools or homes for nurses may be divided into two classes:

First, Those which provide for all the ordinary needs of the pupils, are, as we say, self-contained;

Second, Those which are dependent for certain things, such as laundry or kitchen service, or both, on the regular hospital departments.

Buildings of the first class must contain an engine-room, a laundry, a kitchen, servants' quarters, pantries, a dining-room, class and reception rooms, bedrooms, lavatories, storage closets, etc. Here and there we find additions to the above, such as libraries, sewing-rooms, a gymnasium, a swimming pool, etc.

Buildings of the second class differ from the first by the lack of one or more of the *essential* departments, a lack supplied by the hospital, as has been said. I think there can be no room for doubt that the self-contained home is the ideal, conducing as it does to greater freedom in management and approximation more nearly the environment of the school to home conditions.

But, alas, there is also no room for doubt that such a home is more costly, not merely in the initial outlay, but chiefly in the extra cost of maintenance caused by duplication or division of departments already existing in the hospital.

It is impossible here to consider fully the furnishings, etc., of all these departments. I shall pass over some briefly, and discuss others at greater length. But first of all I wish to speak of certain matters which pertain to the house as a whole, or to several departments. The marble, brass and tiling which we use so freely in our hospitals, with more or less necessity, should be used very sparingly in our school buildings. This both from reasons of economy and because the appearance and "atmosphere" of the school-home should be as different as possible from that of the hospital.

Stairs.—If cost will permit, marble staircases are, for reasons of safety from fire, desirable.

Walls.—Bare white walls are ugly and quite unnecessary. Plaster may be colored before being put on the wall. This wears well and is satisfactory and the additional cost is nominal, or a wash of water color may be applied on new plaster. Calcimining is not so desirable.

Floors.—Hard-wood floors are most satisfactory for bed-rooms, reception, or other sitting-rooms. Of these the least expensive is hard, white pine. If quarter-sawed and laid in narrow planks it is very satisfactory. A finish of good coach varnish or prepared floor varnish of a high grade, such as "liquid granite," is best with a pine floor. Hard floors of a more expensive wood may be simply oiled or waxed. For a floor that is not subject to hard use shellac may be used and may have color mixed with it.

If one can afford mosaic or terrazzo floors they are most satisfactory for corridors; if not, linoleum attached to the floor with cement, and of the best quality, is thoroughly satisfactory.

The new rubber floor coverings are recommended for their durability.

Wood-work.—White wood stained and oiled finished looks well and is easily cleaned. Paint is more expensive and wears badly.

VARIOUS DEPARTMENTS

Laundry.—As we are to have papers on the laundry question I shall only say that for purposes of instruction the sorting-room should be quite separate from the laundry proper.

Servants' Quarters.—A sitting-room should be provided for the servants' use, and proper provision made in the way of backstairs and separate entrance. The housekeeper's room should command the entrance to the servants' quarters. A good arrangement is to have a wing containing the laundry, servants' rooms and kitchen.

The kitchen should be preferably at the top of the house, but the

essential thing is ample provision of light and air. The servants' dining-room should connect with the kitchen. It is a mistake to have a kitchen too large.

Floor.—For the floor ordinary terra cotta tiles are moderate in cost and wear well.

Walls.—The walls may be painted, or wall-canvas first applied and this finished with paint.

Stoves.—Gas stoves are most convenient and the saving in labor moderates their cost. Where steam is available, steam cookers of various types are a great convenience.

Sinks.—A galvanized-iron sink is cheap, easily kept clean, and wears well. There should be a separate hand basin with hot and cold water.

Utensils.—Granite ware and tin of good quality is best for utensils. Copper is too heavy for women to handle, when cooking is done for large numbers. A large zinc-covered table should be near the stove. Another table should have the coffee mill, meat chopper, and bread cutter firmly attached to it.

Cold Storage.—Whether there is cold storage or refrigerator, there should always be three divisions—one for meats, one for milk, one for other supplies.

Dining- or Serving-Rooms.—Two or three smaller rooms are to be preferred to one large room; in this way regular pupils, special nurses or preliminary pupils may be separated. With a serving-room centrally situated such division makes service easier. Tables and chairs should be made to order. They will cost more but wear better.

A point to be noted is that architects are apt to cut one short of space in the serving-room. Here, as in the kitchen, there should be a hand-basin, separate from the sink. Both are best of porcelain. Drain boards should be of wood. A steam-table, hot closet, and refrigerator are necessary, and tea and coffee urns with gas or steam attachments.

Reception- or Sitting-Rooms.—In a small school there should be at least one reception-room and one "common" room upstairs, which may do duty as reading-, sewing-, and sitting-room—be akin to a family living-room. In a large school there should be some such room on each floor. The custom frequently followed of having only one very large reception- or sitting-room is to be deprecated. Such a room is undoubtedly imposing and used for functions but do not let us sacrifice to appearance or occasional use the needs of every-day life. By the use of sliding-doors a series of rooms such as a library, a class-room, and a reception-room, may be transformed into one for special needs. Such an arrangement will permit of each room being furnished for its own purpose and

so having a distinctive character and an attractiveness that the large, hotel-like room lacks. Furniture must be strong and well made. The chairs thoroughly comfortable. Morris and rocking-chairs are always appreciated. Couches should be selected as comfortable to lie on, not merely good to look at. There should be a desk or writing-table in every public room, and proper reading lights. Suitably framed photographs of great pictures, even in the cheaper kinds, are a pleasure and an inspiration. I think one should consider pictures as essential to the equipment of our school-homes. Rugs, as good as one can afford, are the most satisfactory floor covering.

Class-Rooms.—Light and ventilation must be the first consideration. The chairs should have writing-arm attachments. There should be a blackboard affixed to the wall. Unless there is a special reference library, reference books should be kept here. Connecting with the "class"-room should be the "demonstrating" room fitted up with everything needed for instruction in practical nursing.

Sitting-Rooms Upstairs.—The "upstairs sitting-room" or floor-study should be simply furnished. Unless there is a *separate* sewing-room, there should be a sewing machine and a good-sized work-table. Magazines and books of fiction should be found here.

Tea-Pantry.—Connecting with this room there should be a tea-pantry having a sink with hot and cold water, a simple gas stove, a water-cooler and perhaps a small ice-chest.

Bed-rooms should be single for the most part; if double, all the furniture should be duplicated. For several reasons I think divan or cot beds most satisfactory. They are found in many college dormitories. A simple denim or washing-chintz cover should be provided (the grievance question of sitting or lying on white counterpanes is thus disposed of!). Slips of the same material to draw over the pillows are satisfactory. There should be a rug or strip of carpet, a Morris or rocking-chair, a straight chair and a table with shelf underneath. A book-case and desk combined, attached to the wall, is very satisfactory, inexpensive and saving space. A reading lamp is essential.

Closets.—Clothes closets are certainly most desirable and can be provided at an expense of about fifty dollars a room. Wardrobes built into the room cost less than separate ones, twenty-five dollars being a sufficient allowance. In either closets or wardrobes shelves for hat and shoes should be provided.

Double rooms should be supplied with a screen. I think individual arrangement of the bed-rooms should not only be allowed but encouraged, as in so many we have to suppress manifestations of individuality.

Lavatories should be situated on each floor, an allowance being made of one bath to every five or six and one wash basin to every ten or twelve nurses. Terra cotta tiles may, again, be used for the floor. For the walls canvas or buckram wainscoating, enamelled white, looks and wears well. Partitions may be of plainly-finished wood, also enamelled. It is well to remember that wood properly finished and enamelled is quite as sanitary as marble. A small tub or sink in which stockings, etc., may be washed is desirable.

A WORD OR TWO ON MANAGEMENT

In charge of the building should be a nurse as "House-Mother" or "Home-Sister." Her regular duties should be sufficiently light for her to have time to look after the pupils in little motherly ways and to do the many nameless things that go to make a real home. One should like her to be a good housekeeper and a good disciplinarian, but the one thing she *must* be is a good woman, sympathetic and tactful. I think it would be excellent experience for a third-year pupil to act as her assistant.

Rules.—As for rules, there should be as few as possible. One should try in all ways for self-government, which can be done through class organization.

IN CONCLUSION

We may choose to call our buildings schools rather than "homes," but homes in the highest and fullest sense they must be if they are to do their part in the harmonious development of our student-nurses, who are also and fundamentally women. Let us, then, aim in furnishing and equipment and management to provide an environment that may, as far as possible, supply what is lacking and counteract what is undesirable in their life in the wards,—and may also speak to them of our Faith and Hope *in* and *for* them and our profession.

ECONOMY IN THE USE OF SURGICAL SUPPLIES

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THE subject of this brief paper is one which is giving much thought and anxiety to heads of hospitals and training-schools, inasmuch as it is a department of hospital work in which the expenses are seen to be as a rule steadily increasing, while measures of control are difficult if not impossible to apply in any usual way. The elaboration of technique in

operating-rooms and in surgical work generally, has led to the use of a bewildering variety of supplies, all of a somewhat costly nature, either because of the quality of the article, as in the case of instruments, silver wire, rubber gloves, etc., or in the very large quantities consumed, as, for instance, in absorbent gauze, bandages, cotton, etc. The largest use of these materials is in the operating-room at a time and under circumstances which often make it difficult to give a thought to anything but the patient, and the need of an abundance of such materials as will enable the surgeon to perform his work with the utmost ease, rapidity, and perfection. Nothing else seems for the moment worth considering. As to the cost of the necessary surgical supplies and equipment, this is a matter concerning which those who use them most frequently know the least. An interne at the end of a year's active service in one of our large general hospitals wished to buy on leaving a sample package of every kind of dressing used, for which he came to the supply-room prepared to pay one dollar, and seemed exceedingly surprised when he found that the cost was many times that amount. As to economy in their use, it is to be remembered that economy of any sort is taught in few households at the present time, and that both men and women, the young surgeons who operate, students who make dressings, the nurses who prepare the dressings from the raw materials and assist in applying them, bring into hospitals the habits which they have formed in their own homes. A good-natured carelessness, a serene indifference, or a prodigal and incurable wastefulness, are the typical attitudes which are found among them, and will be recognized by most heads of institutions as familiar stumbling-blocks in the path of true economy and business-like methods. It should also be added that a distinct lack of conscience is frequently seen in the reckless and deliberate misuse of the property of the "institution" by both men and women who would probably be scrupulously careful in handling the property of another individual. In an effort to reach some conclusion, as to the average requirements for the same purposes of surgical materials in common use, a list of questions was sent to about fifty representative hospitals. The information received while interesting has not been in a general way such as would enable us to come to any satisfactory conclusions on this point, but a good many useful facts have been furnished, some of which are here presented.

The most important and costly of all surgical supplies is absorbent gauze. In buying gauze it is cheaper to buy direct from the manufacturer, the usual method being to obtain estimates from different firms and contract for the year's supply. The price paid per yard varies

according to the market price and to the weight and mesh of gauze purchased. When possible, and there is a place to store it, a good plan is to take advantage of the markets. One alert superintendent of a hospital last spring took advantage of the low price and contracted for more than a year's supply, with the result that the gauze used in that hospital is only costing them one and five-eighths cents per yard, when the same quality is selling for two and one-tenth cents. Similar saving was effected in buying absorbent cotton. The most remarkable saving in the outlay for gauze has come from the washing and reusing of gauze dressings. Many hospitals are beginning to do this; many more have not made the attempt. Repeated bacteriological tests have proved the entire safety of using gauze that has been washed, and all hospitals that have tried it are proving its great economy. Probably the most striking figures of what can be accomplished along this line are those given by Dr. F. G. Washburn, of the Massachusetts General Hospital, in his paper on "Some Methods of Utilizing Hospital Waste." This practice has been in use to a greater or less degree in the Johns Hopkins Hospital for thirteen years. At first only the large pieces were washed in the ward by the nurses, but for the past eight years it has been sent to the laundry in ever-increasing quantities until it is now estimated that a little less than half of the monthly order of 17,000 yards is reused.

In another hospital where this practice has recently been begun it is stated that they wash all of their gauze and find it perfectly satisfactory in every way, saving thereby \$95.00 a month. Each of these hospitals referred to averages about 200 operations a month and uses nearly two-thirds of the amount ordered in the operating-rooms. In striking contrast to this come two other of our large hospitals, averaging only from sixty to seventy operations a month and where no gauze is washed, and where the monthly order amounts anywhere from ten thousand yards to twenty-one thousand yards per month, with only about one third of the number of patients treated. A simple method of washing gauze that could be employed in almost any institution, however small, is as follows: The gauze is placed in the washer and soaked over night in cold water to remove the stains, then washed in warm water, rinsed and boiled one-half hour, rinsed again and the water thoroughly removed in the extractor and sent up to the supply-room, where it is more easily stretched while damp. This method takes no more employees in the laundry, and convalescent patients can always be employed in stretching and preparing it for use. Bandages are always items of great expense unless the material is bought and the bandages made in

the institution. A simple contrivance of rollers will roll the gauze or muslin in desired lengths, and these can be readily cut into the widths needed by some one of the hospital employees, such as the relief orderly, or the baggage or parcel man in his spare time while on duty. Dispensary patients should be instructed to wash and bring back each time the muslin bandage taken off at their previous dressing. It is on record that one patient who came three times a week for six weeks to a certain dispensary used only four bandages during the entire time. One hospital reports that they have all their bandages cut or torn by thread, and done by various people, such as orderlies, patients, etc. The bandages used in the ward dressings are never cut, but unwound, washed, pressed and rolled again, a process involving a considerable amount of time and labor. The stub ends of all gauze bandages when unrolled make an excellent absorbent layer for the delivery pads of the obstetrical service when such pads are used. The ends and fragments of gauze bandages left from dressings can be cut up into pieces for washing patients' mouths. A good many hospitals are giving up using plaster bandages, adopting instead the crinoline, which in the majority of instances proves apparently just as satisfactory, much more comfortable for the patients, and much less expensive.

During the past few years the increased demand for rubber gloves in all departments of hospital work has added a very costly item to surgical equipment. Their use varies from twelve pairs a month for 252 operations in one hospital to 300 pairs for 162 operations in another. By proper care and handling of the gloves much can be done to cut down this large expense. In one hospital it is found that boiling them for only two minutes saves the gloves greatly. In the majority of instances they do not boil them at all, but wash, dry, powder and sterilize them in packages. This of course necessitates keeping a much larger stock, as the same gloves cannot be used in succeeding operations, while they can, when simply boiled, be reused. To mend or patch the torn gloves adhesive dam and cement, or a piece of old glove and cement, are the approved methods. Patches should always be put on the *inside*, and the general feeling is that patched gloves last longer if not boiled. When the index-finger is torn it is possible to take a finger from another glove and put it in with cement. The general opinion gathered from the reports sent in, is that the heavy gloves are much more desirable for use, and for that reason more economical. They tear less readily and stand the heat better.

Instruments for operating-rooms are usually ordered by the attending surgeons, and sometimes, but not always, the order must be approved

by the superintendent of the hospital. When this method is in force it is often found that what is already on hand will be used rather than face the trouble of explaining and proving the need of something new. The instruments for use in the wards can perhaps be best handled through the central supply-room, which will be described later. A system of exchange of old for new keeps up the standard stock in the ward, and accounts for the use of instruments. The senior nurse in a ward should be made to count daily the instruments in frequent use, and all the ward instruments weekly. Loss or abuse of instruments can usually thus be easily traced. One superintendent says, "No one thing has such a marked influence on individual economy as the taking of regular and frequent inventories." By centralizing the care of instruments better arrangements can also be made for their repair, which is conveniently done weekly, by means of a yearly contract with a reliable firm. Discarded instruments turned in from one department of the hospital can often be put to good account in another. Scalpels with blades worn too small and thin for use can usually be rebladed at a saving of twenty-five cents each. Clamps worn or injured beyond repair may be allowed to accumulate and at intervals of a few months the whole number be sent to the shop to be re-mated. The amount saved on each clamp is usually from thirty to ninety cents, according to the size sent. Worn-out laryngeal mirrors may have the mirror taken off and the handles very easily made into applicators. Handles of old razors may be fitted with new blades or good blades fitted with new handles. Imperfect cautery-points may be sold to the makers for a considerable amount. Scraps of silver wire saved from operations, and ward dressings, will always bring full value for its weight, from the dealer who melts it down for use again. Blunt hypodermic needles can be filed down to a new point. Aspirating and infusion needles may be prevented from rusting on the inside, and so breaking when in use, by being scrubbed, and then rinsed out with ether and alcohol and put at once in a hot place to dry before being wired.

Protective tissue is often used unnecessarily in very many cases, such as the protection of large, wet dressings, and in dispensary work its place in the New York Hospital is cheaply and effectively taken by paraffin paper. At two cents a sheet it has proved as satisfactory a covering as protective at twenty-five cents a yard. Many complaints are made of protective rotting when left in bichloride, and one hospital tries to prevent this by taking it out after forty-eight hours and laying between strips of sterile absorbent cotton. A reliable pharmacist states that the whole trouble lies in the quality of the protective purchased

and not in the way it is prepared. In the hospital with which the writer is connected there has been no trouble of this nature, and the protective remains in the bichloride solution for an indefinite period. This quality of protective is obtained through the firm of George P. Thomas, Jr., of Baltimore.

Ligatures and sutures are among the very costly operating-room materials when purchased ready for use. In most large hospitals the nurses prepare the various kinds used, according to definite formulæ. It is found that 180 tubes of catgut from Van Horn cost \$37.50, while the same amount prepared by nurses costs \$10.00. Of course the time required in preparation must be considered, for it takes a nurse the better part of two days to complete its preparation; but as the nurse must usually be on duty anyway, her time in this instance is not additional expense. One operating-room nurse writes that "by chromacizing our own catgut we save a great deal. For 500 strands it is \$35.00 cheaper than Van Horn's and equally good." All pieces of catgut left may be put in absolute alcohol and used for accident cases. Horse-hair as a suture material is mentioned as coming into favor with some surgeons. It costs almost nothing and is very fine and strong. It is prepared for use by scrubbing with green soap, boiling well and soaking for several days in bichloride. It is used chiefly in skin wounds, but sometimes in deeper work, and takes the place of much of the silk formerly used.

Silver foil is still used in some of the large hospitals and sometimes extravagantly. In one instance it was the custom to sterilize a whole book of twenty sheets in each package, and whoever did the dressing would continue to apply it to the wound as long as the package lasted. The packages were then reduced to ten sheets to see what the result would be, but no notice was taken of the change, the dresser apparently being satisfied if he was allowed to finish the package.

Ether, as an anæsthetic, is an extremely costly item in the surgical expenditure of any hospital. In one operating-room, where the drug bill for the year was \$2,100.00, the ether alone cost \$1,025.00. The same hospital found it much cheaper to begin anæsthesia with nitrous-oxide gas, changing to ether when the patient became unconscious. The drop method of administering ether is said to reduce the amount used very materially, but three months' observation of its use in one place showed that the amount ordered remained the same. One superintendent writes that by the discontinuance of ether in skin preparations (with equally good results), it is estimated that \$400.00 yearly will be saved in that hospital. An inexpensive and satisfactory ether-

cone can be made of a straw cuff, such as butchers wear, turned in, and covered with a towel pinned on. The towel comes off and the cuff is easily washed. A careful, conscientious, competent nurse can very decidedly influence the use of almost all materials in her department. For instance, in one hospital in the matter of catgut alone one nurse was able to effect a saving of many dollars every month as compared with her predecessor, by her careful management of the ligatures and sutures. This was accomplished by cutting the sutures the required length in their preparation, and not having the tubes opened until the operator was ready to use them, and saving all ends for dispensary use. A considerable saving in the amount of solutions and alcohol used was also effected by this same nurse, the measures used not being stated. In one hospital a good method was introduced by the head nurse of a large surgical ward of having a basket filled with simply enough supplies and dressings, and no more, for the students' needs each day. They had been accustomed before this to help themselves freely from the dressing carriage, and when the staff doctor arrived to make rounds she usually found her carriage depleted of almost everything needed. The recent introduction in several of the large hospitals of a central supply-room for surgical materials is conceded by those who have tried it to be a source of considerable economy. Here under the expert supervision of one good competent assistant, all the materials used are kept. Here the weekly orders from all departments in the hospital for the necessary surgical supplies required for use are filled from orders that have been carefully gone over by the superintendent of nurses and signed. The monthly requisitions for all stock materials, including instruments, rubber gloves, needles, splints, etc., are, after being carefully examined by the superintendent of nurses, prepared on special order sheets, for the final approval of the superintendent of the hospital before ordered. Here also the record books of materials ordered, prices paid, and the amounts used by different departments are kept, so that at a glance each month it is possible to tell exactly how much the different departments in the hospital have spent for surgical supplies. A simple printed stock card is kept and sent to the superintendent of nurses' office daily, so that she can see what is used, how much material is on hand, and how soon it will be necessary to order more. Under this method of supervision it is almost impossible for any department to increase its demands for supplies without its being quickly detected and properly investigated. As the activity of the various wards fluctuates it is possible through a central supply-room to furnish each ward, daily, exactly what it needs, and it is no longer necessary to keep any ward overstocked

to meet an occasional increased demand. Dressings, too, are cut to much better advantage in large quantities, and measurements of special pads can be adjusted in cutting from the full bolt of gauze so as to have absolutely no waste. In one hospital it was found that enough gauze for the sponges for ward dressings could be provided by reducing slightly in size the fluffs or handkerchiefs, a process which did not interfere in any way with their original value as a dressing. Thus the sponges were provided, and 500 yards of gauze saved a month. In all cases where it was necessary to trim the gauze, these clippings were saved and used as an absorbent layer for the top of pads in place of absorbent cotton. The use of cotton pads in surgical work is steadily on the increase, and replacing the much more expensive gauze pads, which usually cost about sixteen cents each and have to be much more frequently changed than the cotton ones. These cotton pads when made in bulk, using a good grade of absorbent cotton that will separate evenly four or five times, as a light absorbent upper covering, are a very economical dressing. It is estimated that large-size pads made this way cost about three cents each, and the smaller perineal pads two and a half cents each. A good grade of cotton waste, at seven or eight cents a pound, such as is used by engineers for cleaning purposes, can be made absorbent by boiling in a soda solution, and makes an excellent foundation for obstetrical delivery pads. In this central supply-room the medicated gauze for the entire hospital can be readily made. Iodoform gauze for drains is an expensive item, the bill in one hospital last year for the powder used in the general surgical operating-room alone amounting to \$360.00. This did not include gauze used, or time necessary for its preparation. Very few rolls should be put in the packages; even then odd rolls may be left over from operating-room use. These can be returned to the supply-room, resterilized and used in ward and dispensary dressings. Only small quantities of bismuth gauze should be made up at one time, as it seems that ten days is the longest time it can be kept without rotting. Dressings are conveniently, and economically sterilized in packages. Glass jars will break, wire crates and metal boxes need much cleaning and often rust, but a soft package is a safe, fresh, light method to employ. (Mention is made of a new kind of metal case for sterilized dressings which is described as most economical, well arranged and time saving; but as yet this appears to be used in only a few hospitals.) These dressings, properly prepared, sterilized and ready for use, are arranged in good order in the supply-room, on shelves with divisions clearly marked for

each kind of article used. Requisitions for surgical supplies for the next twenty-four hours are sent in to the superintendent of nurses from each ward in the evening, approved by her and distributed in the morning by the nurse in charge of the supply-room. It is well to arrange that in each of the wards a shelf is set aside somewhere, where all opened packages of dressings and empty dressing covers are placed after the daily rounds are over. These can be gathered up systematically twice each day and much gauze is thus returned for legitimate use, which would otherwise be used up in various unsuitable ways in the wards. The wrappers or dressing covers are best made of two thicknesses of unbleached cotton, and should have the name of the contents stencilled on one corner, which is so folded as to come on the outside and be clearly seen. Cotton is more durable than linen under the adverse conditions of high pressure and steam, and is much cheaper to replace. One hospital reports that it was a year and a half after introducing the cotton wrappers that any were worn enough to exchange. Previous to this the linen covers used only lasted six to eight months at the longest. The matron of this hospital stated that this change meant an annual saving of about \$200.00. The proper adjustment of dressing towels in this same institution has for many years been a great problem, although each ward was supplied with a large and ample standard; still, there never seemed enough to meet the demand. The towels were finally taken out of the wards by the superintendent of nurses one year ago, placed in a central supply-room, and ordered daily on the supply slips as surgical dressings. Since this method went into effect there has never been any complaint in the wards of not having a sufficient number for use, and there is always a reserve stock on the shelf for emergencies. The amount of linen used in operating rooms is a serious question. There is apparently no limit to its extravagant use in some places, while in others, equally successful work is done with a very much smaller supply. In one hospital 80 towels is the average number used for an operation, while in another with apparently equally good results 16 is found sufficient for the same purpose. It is well to say here, that while this matter is to a large extent governed by the wishes of the surgeon, the head nurse must not feel that she has no responsibility in the matter, for with proper and judicious management and tact, she can by a word or look restrain her assistant nurses in the too hasty opening of fresh packages of towels before they are needed, and teach economy in the linen that is crushed, but not soiled, by taking these towels for minor dressings and hand use after the operations are

over. One large hospital has very recently adopted the plan of having the linen ordered daily by the head nurses directly from the laundry. A requisition is sent in every day, all surplus linen going to a central supply-room, whence it may be procured in emergencies. This system means placing a value on the clean-linen supply, and at once, it is said, reduced the amount sent to the laundry by one quarter. This perhaps would not have so much influence on the use of linen in operating-rooms, for there it will probably remain to a large extent a matter under the control of the visiting surgeons in common with other surgical supplies.

It is of course a poor economy which fails to provide enough good suitable material and appliances for whatever work is necessary, but the tendency at this moment is not in that direction. It is rather toward the restriction of the usefulness of the entire institution, by lack of proper control, of one of its most costly departments, and constant vigilance in the handling of its smallest detail. Measures which are necessary in the successful conducting of any ordinary business cannot be ignored in the great business of carrying on the work of large charitable institutions.

ECONOMY IN SURGICAL TECHNIQUE

BY MISS ANNA JAMMÉ

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ECONOMY in the use of materials, as also of labor and time in surgical work, is to so great an extent dependent on the technique employed that we cannot consider one without the other. It is an important subject to us as administrators of hospital funds and instructors of nurses, to take into consideration this ever-increasing elaboration of detail in surgical technique, involving greater expenditure of material and possibility of waste, and by our combined efforts with the knowledge we can derive from our many hospitals, evolve a scheme of work that shall combine principals of good technique with simplicity of method.

We might ask ourselves the following questions:

1. What is the purpose and necessity of surgical technique?
2. What are the minimum requirements for aseptic technique?
3. Are the results as good with a simple method as with an elaborate and complicated system?

4. Is economy in the use of surgical supplies compatible with good technique?

The purpose of every surgical operation is, primarily, to save and prolong life comfortably. Secondly, to secure good results by an effective system of aseptic technique. Do the requirements of this system mean something elaborate and complicated, involving many assistants, large and expensively furnished operating-rooms, a lavish abundance of linen, sterilized supplies, instruments, solutions, and the many, many details which we all know so well, making possible great expenditure in money, time, energy, and waste?

It is difficult to define the exact requirements of good technique. What to one surgeon would be all-sufficient to render the proceeding aseptic, to another would be quite inadequate. The surgeon who requires twenty-four towels in performing a minor operation, would probably scorn the technique of the one who requires but six in an abdominal section. In one operating-room we find the field of operation has been scrubbed, poulticed and soaked with solutions for many hours before reaching the operating table; in another the skin is not touched until the anæsthetic is started, consequently the minimum requirements of good technique may mean in one case a system calling for an abundant use of material, and in another a simple method of work with small requirements. The results alone will answer for the system.

Has it been demonstrated that good results are compatible with economical technique? It has. In an important operating-room, when the chief efforts in the matter of technique are directed toward simplifying the methods, and at the same time secure good results, 3,836 operations were performed last year; of these, 2,157 were intraperitoneal, of which the total death rate was 2.1 per cent. Primary healing was generally obtained.

In this operating-room the chances for infection are reduced by minimum requirements in the number of assistants at an operation; in the handling of instruments and dressings, in the amount of space through which instruments, dressings, basins, etc., are carried. There is no preparation of the skin until the anæsthetic is started on the operating-table, with the exception of shaving, which is done in the ward. The field of operation is thoroughly cleaned with soap and sterile water, using a piece of sterile gauze rinsed well with sterile water, after which follows a light sponging with Harrington's solution. Four sterile towels are then placed in position surrounding the area of operation. This preparation takes about five minutes, and is done while anæsthesia

is progressing, and the surgeon changing his sleeves and gloves. The dressing covering the wound in abdominal cases consists of a strip of gauze, a square of absorbent cotton, and one of common cotton, held in place with strips of adhesive plaster. Over this is adjusted a bandage made of gauze five yards long, folded the lengthwise of the gauze, four thicknesses. This is put on as a double spica of the groin and makes a most effective and comfortable bandage. When removed in the ward it is sent to the laundry and returned to the ward for further use. The number of towels used in each abdominal operation is from six to eight on the patient. The operator and his two assistants each wear one pinned to the apron in front, the surgeons' and nurses' gowns are as a rule not changed, during the morning's work, unless when badly soiled; fresh sterile sleeves and gloves are put on for each operation, also a fresh towel in front of the apron. Take for example the average morning's work, which consists of: 4 appendectomies, 1 abdominal hysterectomy for fibroids, 2 exophthalmic goitre, 1 amputation of breast for carcinoma, 1 gall-bladder cholecystectomy, 1 resection of stomach, and 4 minor operations.

The linen was counted when it reached the laundry. There were 144 towels, 8 aprons, 24 pairs of sleeves, 3 sheets, 41 square sponges. There were used for the morning's work nine pairs of gloves. The square sponges enumerated are used for sponging and packing in the abdominal cavity, and are made six inches square and of eight thicknesses, stitched securely; a piece of tape eight inches is stitched to the corner. These are sent to the laundry each day, soaked and boiled in a soda solution, then returned to the operating-room for resterilization, and used in the same capacity over and over again, until worn out. The small gauze sponges are also washed, resterilized, and sent to the wards for use there. Gloves are mended after each day's work. The adoption of a central supply-room in the hospital, which issues by daily requisition from the wards all the sterilized and unsterilized supplies, gauze, cotton, gutta-percha tissue, medicated gauze, etc., is a most effective check on extravagance in the use of surgical supplies. In one hospital 50 per cent. was saved after this method was started. Here the young pupil may be taught the principles and practices of economy in making the required dressings, also the cost of materials employed. She may also acquire a knowledge of the necessary amount to be sent, as the unused supplies can be returned each day to the supply-room for resterilization. The washed gauze from the laundry is also sent here and made up into dressings. Economy of technique may also be carried out in the method of surgical dressings. I have seen the para-

phernalia of a surgical dressing consist of a tray, having two sterile enamel cups, one containing carbolic acid, 5 per cent.; the other alcohol 95 per cent.; a package of sterile dressings consisting of two towels, two pieces of newspaper, a square of common cotton, and one of absorbent cotton, and two strips of gauze folded six by two inches; the instruments, two pairs of forceps, one pair of scissors, are boiled and put in the cup containing the carbolic acid. One piece of paper is used to receive the soiled dressing to be burned, the other for the bandage to be sent to the laundry. Both are rolled up snugly before leaving the bedside and then put in their respective baskets in the lavatory. All the dressings are handled with sterile forceps, the dresser previously washing his hands thoroughly in running water. Yet the results of this Spartan simplicity are the best and well known in the surgical world. To what extent we should exceed these bare necessities, which combine economy and good technique, also to what extent the anæsthetic element should enter into our work, is for us to decide and determine. The practical details must be worked out in each hospital.

When all is summed up, we still have the personal equation to deal with,—the demands of the surgeon and his assistants when the nurse is utterly powerless to act, the tendency to extravagance so often shown by our nurses and fostered by their surroundings of costly equipment, unlimited supply of linen, and material for surgical work. Surely the nurse more often falls into the habit of extravagant use and abuse of material, not wilfully, but unintelligently, so great is the power of example.

Could we consider simplicity of method with good technique it would go far to solve this problem of extravagance and help to institute a régime of economy amongst our physicians and nurses.

I think a great many agreed with Miss Davis last year at the superintendents' meeting when she said the nurse should not bear all the burden for extravagance. It is the established system which she finds in use when she enters the hospital, and takes it as a matter of course.

In a paper by Dr. A. J. Ochsner, of Chicago, read before the American Surgical Association in 1904, he says: "Surgery is more and more coming to be a very reasonable, logical profession, and in developing a system of aseptic practice, one can count with much greater certainty upon the probability that everyone concerned will carry out the details, if he is expected to do things which would appeal to a sensible person, than if he is expected to go through an unreasonable routine performance."

THE SMALL HOSPITAL LAUNDRY

BY MISS CLARA NOYES

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THE method of washing soiled linen in the hospital has undergone many changes since the days when the Sisters in the Hotel Dieu, Paris, went down to the river Seine in the mornings and breaking the ice washed in ice-cold water the linen for the patients, until at the present time we find even the smaller hospitals of from thirty beds upwards, as a rule, equipped with all the modern inventions for the rapid and thorough washing of the linen by electric or steam-fitted machinery. There are, of course, small hospitals where the old-fashioned method of hand-washing is still in operation, claiming that it is more economical. This may be true, but the fifty-bed active hospital could hardly afford to economize in this way at the present time. After the first cost for equipment, expenses may be reduced in other directions, less help is needed, two good women can easily do the work which formerly required five, the work is more quickly done and the linen is usually much whiter and cleaner, the mangle giving a finish which cannot be obtained by hand, and altogether a greater amount of satisfaction is derived from turning out better work in a shorter space of time. On the other hand, the wear and tear on machine-washed linen is much greater than that done by hand, while the repairs to machinery and the cost of power and steam are all items of considerable expense.

To obtain an insight into methods, schedules were sent to hospitals of from thirty beds to one hundred or more, asking for information upon such points as equipment, number of employees, wages, hours for work, methods of washing, ironing, etc., allowances of linen for wards, nurses and help, and rules for controlling extravagance in the use of linen.

A great deal of useful information was obtained in this way. The essential features such as machinery, processes of washing, starch, and soap-making are practically the same. We find some using bleach while some do not; in others all the ironing is done by hand, while in many a large proportion is done by a body ironer. The allowances of linen for nurses and help, both personal and for bed and table use is approximately the same in all schedules returned. The main point of difference seems to lie in the number of "help" employed and wages given. Whether these laundries all turn out work of a high grade is impossible to determine by means of schedules. The object of the laundry whether in a large or small hospital is the same,—to wash the linen thoroughly and return in the shortest space of time at the least possible expense.

EQUIPMENT

The small hospital about to install laundry machinery should study carefully the different makes and various kinds with a view to providing for its special requirements. The laundry may be fitted with extravagant pieces of machinery and yet not give any better results as far as good work is concerned than if it had been fitted more economically.

To get good work you need good machinery of the correct size and of the kinds that are going to prove useful and practical. Expensive features are frequently introduced into hospital laundries which are never used, because they are not needed. It is well to look ahead when planning a laundry and prepare for a much larger daily average household than the present number would seem to warrant, as in all probabilities the hospital will grow and the laundry facilities prove totally unequal in a few years to the increased demand upon it.

An electric motor or horizontal engine may be used as motive power, whichever is best suited for the laundry in question.

The following list of machinery will be found sufficient for a hospital of from 75 to 100 beds:

Six set tubs, steam fitted; two washers, one of wood and one of brass for hard boiling, size 100 shirt; one mangle, steam heated, 64 or 66 inches; one 20-inch extractor; one wooden "tumbler" or "shaker"; one 30-inch body ironer; three ironing tables, individual stoves heated by gas and air or electric irons may be used; one 40-gallon galvanized soap tank fitted with boil pipe; one truck tub; two strong horses on which to hang goods ready for mangle; one strong receiving-table; one steam-heated dry room with galvanized or wooden bars, properly ventilated and accessible for cleaning purposes; one steam-jacketed starch kettle.

Sorting-room must be fitted with suitable compartment-racks and hangers for nurses' and doctors' clothes. In addition to this outfit, starch- and soap-dippers, net laundry-bags, agate pails, clothes baskets, weights and measures, and a clock are absolutely essential.

It is possible to get along with only one washer, but if it can be afforded the additional one will be found very convenient in case of "breakdowns." The wooden washer is less expensive than a brass one, but does not wear so long, the brass washer being the best for hard boiling.

It is not the purpose of this paper to go into the merits of any particular makes of machinery or into the actual costs of equipping such a laundry as a rough estimate; from \$1,500 to \$2,000 should cover the expense for outfit. It should not be necessary with the above outfit to

operate the plant for more than three days each week,—Monday, Thursday, and Saturday, using the intervening days for ironing. Three women should be able to handle the work, the fireman looking after the steam and power, cleaning and keeping the machinery in good order. In one hospital of seventy beds in constant use, with three officers, three doctors, and twenty-three nurses, with which the writer is familiar, two women, with the assistance of a third for two and one-half days weekly, do all the work, even to collecting and delivering all the linen, with plenty of time to spare, having from Saturday noon until Monday morning off duty, regularly, and such time as may be gained when finishing early. In this laundry there is no body-ironer, therefore all ironing is done by hand. Having a small washer necessitates running the machinery all of two days with some part of each of the remaining days, but with the equipment previously mentioned it should not be necessary to use the power more than three days. Steam is expensive and should be saved whenever possible. The work done by these two women in the 70-bed hospital mentioned is of a high grade and compares favorably with that done in the best commercial laundries.

ARRANGEMENT OF ROOMS AND FLOOR SPACE

Separate rooms are more desirable than one large room, although this is a matter of individual preference, the former arrangement presenting a tidier appearance; and the steam from washers and tubs does not interfere with the drying of freshly-ironed linen.

It will be found convenient to have the washers, extractors, tumblers, set tubs, starch- and soap-tanks in one room; opening from this, another large room containing dryers, mangle, body ironer and ironing-tables. A small room for receiving soiled linen until it can be taken to the washer, and another room for sorting clean linen, and for nurses' and doctors' compartment-racks, will be found all that is necessary.

As for floor space, the more the better; try not to cramp the equipment; be generous in this direction. Arrange fixtures with a view to convenience and the saving of steps.

The introduction of white-glazed-brick walls adds not only to safety from fire, but to the cleanliness and appearance of the laundry. A cement floor with central drains make it easier to scrub and flush, and carry off any accidental overflow. If glazed brick are beyond the means, enamel paint in a light color is the best substitute.

Have all set tubs out from the wall sufficiently far to get between them for cleaning purposes. While white-enamelled-iron tubs are of course the most desirable if they can be afforded, the plain soapstone

will answer every purpose. All machinery should be well out from the wall for the same reason. All over-head machinery should be well fitted with drip-pans. The rooms must be well lighted, airy and well ventilated.

LOCATION OF LAUNDRY

If possible a separate building is the most desirable location for the laundry. For economical reasons it may be necessary to use the basement for this purpose; there are some very serious objections, however, to this arrangement, the noise and jarring of the machinery proving objectionable, if wards or sleeping-rooms are over-head. It also offers a tempting place in which the other domestics may stop for a chat which may be lengthened out to an hour or more. It is also impossible to light and ventilate a basement laundry as thoroughly as one higher above ground.

GENERAL RULES FOR THE CARE OF LAUNDRY

The laundry should be cleaned thoroughly once a week, walls brushed down, floors washed and tubs scrubbed, machinery, tables, dryers and all appliances thoroughly cleaned. Aside from this weekly cleaning, before the laundresses leave at night tubs must be scrubbed, floor swept, mangles, extractors, and tables covered with special sheets and everything left in good order. Great attention should be paid to all the machinery, keeping it free from lint, unnecessary oil and grease, otherwise quantities of linen may be spoiled. Before beginning work in the morning, tables and mangles should be thoroughly dusted. Dust works sad mischief if allowed to settle upon the damp clothes; therefore great care should be taken to prevent a free circulation of this commodity. It is impossible in a paper of this length to go fully into the details of the various steps of laundry work, therefore we shall take up each briefly.

Washing.—This, after the proper sorting of the linen, is the first step. There are a few practical points to be observed. Do not overfill the washer, otherwise the linen has no room in which to be thrown about. If underfilled, the clothes float and do not strike against each other as they should. Stop the washer when changing water to avoid tangling and tearing. When boiling or washing in suds only sufficient water should be used to show an inch or two in glass gauge. If too much water is used the clothes float and are not subjected to the necessary amount of beating, and hot water and soap is wasted. For rinsing and blueing a larger amount of water is needed. The washer needs to be kept clean inside as well as out. To clean a brass washer run a

small amount of hot water, into which one pint of sulphuric acid has been added, for 20 minutes. The outside needs to be scrubbed with a brush and sand soap.

The process of washing seems to be about the same in the hospitals from which the schedules were returned, with slight variations in rinsing and boiling, as to time. The use of bleach, principally chloride of lime and oxalic acid, are used in many of the laundries, while nearly all combine Wyandotte soda with the soap made from chips. Bleach unquestionably shortens the life of the fabric; therefore, if possible, it seems best not to use it. After five years of personal observation the formula herewith given for all white goods, without the use of bleach, has given absolute satisfaction, the linen is white and clear, comparing very favorably with the work done in the best commercial laundries:

1, cold rinse, 10 minutes; 2, hot suds, boiling, 30 minutes; 3, hot rinse, 10 minutes; 4, cold rinse, 10 minutes; 5, cold rinse, 10 minutes; 6, cold rinse, add blue, 10 minutes.

Colored Goods.—1, cold rinse, 15 minutes; 2, hot suds, 30 minutes; 3, hot rinse, 10 minutes; 4, cold rinse, 10 minutes; 5, cold rinse, 10 minutes.

Flannels for babies' wrappers and nightingales should be washed by hand.

Bath blankets are run in lukewarm suds 30 minutes, with two cold rinses, 10 minutes each.

White bed-blankets and gray blankets for wheel-chairs should never be sent to the laundry with the common wash. The frequent washing of blankets seen in so many hospitals both large and small is a needless and extravagant procedure. A blanket is soon ruined by machine washing, the borders fade and shrink, and it becomes stiff even with the best machine washing, presenting a forlorn appearance with a ruffle at each end. The time, materials and work, aside from injury to the blanket, spent upon the ceaseless washing is entirely wasted. The writer knows of several hospitals where it is not unusual to wash four hundred blankets weekly. This waste may be avoided if the blankets are properly cared for in the wards. Hard and fast rules should be laid down regarding their use, and probationers should be taught their care from the moment of entrance. White bed-blankets should never be used for any other purpose or come in actual contact with the patient; turn the spread over the top and the sheet over the top of the spread to protect from the hands; if the patient is very restless, pin all together with two safety-pins. Light dimity spreads should be used and the old idea of removing the spread at night, neatly folding it to

keep it clean, thereby leaving the blanket unprotected to get soiled, is an untidy and extravagant custom. Special blankets should be provided for baths (for this purpose very nice cotton ones are now easily procured at \$1.50 per pair; they wash well and are altogether very satisfactory), also for "ether patients"; and old blankets marked in a conspicuous way should be provided for particularly untidy patients. Gray blankets should be provided for wheel-chairs, couches, stretcher and piazza use. When a patient is discharged, if an infectious case, fumigate the blankets with formaldehyde; if not, brush thoroughly, sun for a day, and return to the shelves; the gray blankets should be treated the same way occasionally. Bath, "ether," and isolated blankets can be sent to the laundry. If the bed-blankets are cared for in this way in the wards, there is no necessity of sending them to the laundry. Twice a year the blankets should be carefully inspected by the superintendent, and such as look grimy, sent to the store-room; any spots which may be on them should be outlined with cotton, and if treated after the following receipt, the blankets will retain their life and good appearance many years:

For one pair of blankets: Soft soap, one pint. Powdered borax, one tablespoonful dissolved in hot water. Mix thoroughly, add to sufficient cold water to cover the blankets. Soak all night. In the morning rub between the hands the outlined spots. Rinse thoroughly in several cold waters, drain in clothes basket, then hang up without wringing to dry. This receipt doubled will be found sufficient for three pairs. Gray blankets can be treated the same way. If the hospital can afford it, dry cleaning is the easiest method.

Laundry nets should be used for all small articles such as stockings, handkerchiefs, cuffs, collars, breast 'T, and Scultetus' bandages. Much time is saved and loss avoided if this method is used. All gauze sponges and roller bandages saved in the wards must be sent down in laundry nets, marked with the name of the wards, on special days, so that a separate washing and boiling will be run for these alone. These bags are then returned to the wards, and each ward-maid takes the roller bandages back to the laundry, and puts them through the mangle, returning them again to the ward for winding.

To accomplish a great deal of work a careful system must be evolved, which must be enforced. As the most important part of the work lies in the washing, the first rules should pertain to this process. First, as to special days for sending table linen, nurses' and doctors' personal and bed-linen, flannels, bath blankets, gauze, bandages, etc. Second, the formula for washing must be carefully taught to the washer,

a clock must be in a conspicuous place, and absolute accuracy as to time insisted upon. There must be no "guess" work about washing if good results are desired.

The amount of work in the laundry depends upon the economical and careful use of linen in the wards. One question asked in the schedules "as to what rules for controlling extravagance in the use of linen were in operation" met in the majority of cases with the reply "We have none." Very few require the nurses to wash out "stains and spots." If the nurses are not taught the removal of stains, it must be done in the laundry, otherwise the linen soon becomes so stained and unsightly that it must either be replaced or used in that condition. How often do we see nitrate of silver, iodide of potash, balsam of peru, cocoa, tea and coffee stains, indelibly fixed in pillow cases, sheets and table napkins, when by intelligent action on the part of the nurses these might be obviated. Table linen should be thrown into special bags, and all stains removed before sending to laundry. There are many criticisms made about the extravagance of nurses in the use of linen; when sheets, spreads, pillow cases and towels, hardly crumpled, appear in the laundry, the criticism seems justly deserved. If nurses were limited in the use of linen and forbidden to remove it from the shelves without special permission of the head nurse, a great deal might be saved. Is it more economical to have regular days for changing linen, or is it wiser to rely upon the good judgment and common sense of the nurse to change when necessary? is a question worthy of consideration. It is not only the amount which should be saved but the wear and tear by subjecting the linen to unnecessary washing and mangling.

Extracting.—The washer must be very carefully unloaded so as to avoid tearing, likewise the extractor must be carefully packed for the same reason, to avoid straining the goods. Lumping the goods around the outside seems to be the best way of putting them in; great care should be exercised against pulling them out, as after ten minutes rapid motion they are very tightly packed. The longer the clothes are extracted, the less time will they need in the mangle. After extracting, the linen must either be shaken out by hand or put into a "tumbler," where they are shaken out and made ready for the mangle. The "tumbler" saves a great deal of time and strength, as the shaking by hand is very exhausting work. Have convenient a strong wooden horse upon which the clothes are hung ready to be put through the mangle.

Mangling.—The next step in the process is the mangling. There are a few rules to observe as to the use of the mangle.

The rolls must be covered with good blanketing or felting, which

can be bought for this purpose; outside of this should be used strong unbleached sheeting, or better still, duck; the sheets should be washed weekly and renewed when worn out. The felting lasts from a year to eighteen months or even longer. There is a great difference between different makes of mangles as to the length of time the padding lasts; some machines proving very costly to clothes. The rolls must be adjusted so that even pressure is secured, otherwise the padding is quickly torn and the linen does not go through straight. When through with the mangle release the pressure. To secure quick results, and dry linen, the rolls must be hot; from 60 to 70 pounds of steam are absolutely essential. Have the edges of the linen well pulled out; if rough and turned in, the mangle soon wears the edges. After feeding the required number of times through the mangle, fold with name out and place in piles on receiving table ready for wards or dryers or sorting-room. It should be sufficiently dry to deliver at once in wards, so as to avoid the extra handling of putting on the dryers. It is needless to say damp linen should never be sent to the wards.

All flat goods may be mangled with the exception of bath towels and crochet quilts, which may be folded and sent rough dry. Patients' night-gowns, operating-room aprons and suits may be well shaken and pulled out, folded and sent back rough dry, as it is impossible to mangle such goods; it seems an unnecessary waste of time to treat them in any other way. They may be dried in the open air if used in this way, preserving a freshness which is always lost by mangling or ironing.

Drying-Room.—Both wood and galvanized-iron bars are used in the drying-room; the preference seems to be given to the latter style on account of safety from fire. Sufficient steam is needed to heat thoroughly, and careful attention should be paid to ventilation. They should be arranged so that the inside may be easily cleaned and any articles dropped from the bars be secured.

Dampening.—There are many automatic devices on the market for the purpose of dampening, but if these cannot be afforded, a whisk broom dipped in water makes a very good substitute. All clothes should be dampened over night.

Starching.—A great deal might be said regarding starching, as it is a very important part of the laundry work. Make a point of buying good starch in large quantities,—*i.e.*, by the barrel, as it lessens the cost. Absolute accuracy should be used in measuring the starch and in preparing it afterwards, otherwise the starch will not work well and usually the starch is blamed and not the method of preparation.

Bluing.—The most economical way of preparing the blue is first

to buy a reliable brand in bulk, and follow out the printed directions carefully as to preparation and use. If these rules are disregarded unsatisfactory results are apt to follow, such as streaks, spots, and overbluing, and the linen must either be used in this condition or be washed over, a double waste.

Ironing Machinery.—In the small hospital it is hardly necessary to use any ironing machinery, except a body ironer. Nearly everything can be ironed on this except waists of uniforms and corset-covers; these must be done by hand, and of course all other goods must be finished by hand. The ironing-boards must be properly padded and covered; old blanketing and sheets from the supply-room may be used for this purpose. The sheets must be kept clean by frequent washing, rubbing cloths and suitable holders provided. Care should be taken to lower the gas if leaving for a few minutes, otherwise the iron will become too hot and the practice of cooling the iron by dipping in cold water is a bad one as it ruins the iron in the course of time, aside from the fact that unnecessary gas is wasted.

Suitable hangers and compartments must be provided for doctors' and nurses' clothing; when fully aired they may be folded and placed in the compartments, which should be plainly marked with the name of the individual to whom the clothes belong. It is hardly necessary to say that all the nurses' clothing must be plainly marked, carefully listed and sent to the laundry in bags. These lists should be compared with the clothes when received as well as when they are returned. The clean clothing should be carefully pinned in the bag and returned, with the list, on a stated day to the nurses' and doctors' rooms. Twenty-one pieces seem to be the usual number allowed, exclusive of handkerchiefs and small articles, very generally to nurses, while doctors seem to be unlimited. Personally I see no reason for this and it would seem sufficiently generous to allow three white suits weekly as a maximum number. It is considerable work to iron white duck suits, and if a head nurse can get along with two white uniforms, it would not seem too much to ask an interne to manage with three suits and yet present a tidy appearance. Too little outside drying is done in hospital laundries as a rule; it takes considerable time, but the effect of the sun on wet linen is the best bleach known, aside from the sweetening thus secured. Nurses' underwear and patients' night-gowns may all be dried outside, and with careful management from time to time the ward linen may be treated in a like manner.

The main points of difference in the schedules returned seem to be in the number of "help" employed and wages paid. We find one

hospital of thirty beds with five laundresses, another of seventy with two and an extra woman for two days, another of sixty employing five women and a man part of the time, and so on, while the wages vary from \$48 to \$16 per month for a head laundress, the other employees varying in the same ratio. Just why one laundry in a hospital of seventy beds should require two women and an extra one for two and one-half days per week, and another of sixty should require five with a man for part of the time, is not easily understood when the number of officers, doctors and nurses are the same, and the patients are of the same class. There seems to be only a few ways in which this might be explained. The machinery may not be as effective, there may be greater extravagance in the use of the linen, incompetence on the part of the "help," or a great lack of system, or it may be a combination of all of these reasons. It is interesting to note that in nearly every instance where good wages are paid the number of employees is less, although there are a few exceptions to this.

To get satisfactory results from the laundry there are a few points that must be insisted upon: First, good machinery, kept in good order; second, good materials,—*i.e.*, soap, starch, blue, etc.; third, honest, reliable, trustworthy help, with correspondingly good wages; fourth, a carefully-planned system.

If these few rules are followed, honest work should be the result. The best help should be selected, good fair wages given, their duties and "off" time should be clearly defined, and they should be treated with uniform kindness, if good work is desired. As a result one generally gets it.

From Saturday at 1 P.M. until Monday at 7 A.M. seems to be the usual time "off duty," while many allow the "help" to leave early if their work is finished and the laundry tidy on other days.

In many small hospitals the "help" from the other parts of the house are given special days for their personal laundering. It is usually more satisfactory to have it done for them, making a rule forbidding the house "help" to visit the laundry, thereby avoiding friction and misunderstanding and much wasted time.

Avenues of Waste.—There is no part of the hospital where there can be greater waste or more dishonesty and deception practised than in the laundry. Place an unreliable man or woman to manage the washer, to get through at the end of one-half hour, the washer may be emptied of partially-washed linen. After this continues for a week the linen becomes a dingy gray and is practically ruined, or the washer may be over-filled or carelessly emptied, thereby tearing the linen; or

too much soap or too much bleach may be used, relying upon the bleach instead of the washing to make the clothes white; this is a double waste. An improperly packed extractor may result in quantities of torn linen. All the materials from soap to steam and water may be extravagantly used. To prevent such, a careful supervision is needed and honest help required.

Supplies.—The purchase of laundry supplies covers a wide field and will probably be considered in another paper to be offered; therefore I shall not take up the subject here.

One of the main points of difference existing between the laundry of the large and small hospital, is that of supervision. The large hospital usually places at the head of the laundry an experienced laundryman or laundress; the small hospital can rarely afford this, depending upon the housekeeper, if there is one, or if not, then the superintendent must add to her manifold duties that of laundry supervision. This in reality is a very difficult duty to face, as very few women who assume the duties of a hospital superintendent have had any preparation in practical laundry work. How many hours of worry and anxiety might have been saved had the busy superintendent possessed the same practical knowledge of the laundry as she did of the technique of the ward and operating-room. As a matter of fact, it is much the better plan for the superintendent to manage the laundry than the housekeeper, giving greater satisfaction all around. Presuming that such a condition confronts us, what should an individual do to fit herself to manage the laundry and bring about a state of satisfaction and perfection? The writer speaks feelingly upon this subject, and adds her personal experience along this line. First, visit a good commercial laundry, or any good institutional one, and with pencil and note-book go into all the details of practical laundry work with a usually willing manager. Add to this all the study of machinery and methods from books; next ask this "patient manager" to go over your plant with you (you will have no difficulty in securing his assistance), inviting him to criticize and suggest freely and to point out defects in machinery and methods. Then armed with this knowledge go into the laundry and work there for two or three weeks until you have learned the intricacies of mangling, washing, extracting, etc., and if you persist and do not feel utterly humiliated by the superiority of the laundry "help" you will win in the end even at the sacrifice of draggled skirts and tired shoulders. At the end of two or three weeks you will probably be obliged to discharge your old help, as it is well nigh impossible to overcome old habits and a "we never used to do it that way" attitude. Therefore on the whole

it is wiser to start with new workers and teach them your methods. Selecting the most efficient worker and putting her in charge, then day by day and little by little you should be able to work this important part of the hospital ménage up to a high grade of excellence.

After the work is once systemized, it is astonishing how easily it runs and how little extra work it actually adds to the superintendent. The satisfaction derived from possessing this special knowledge, and the feeling of security obtained by keeping in your grasp the details of the work, is not to be reckoned too lightly.

In preparing this paper on "The Equipment and Management of the Laundry in the Small Hospital," it has been done with no spirit of criticism of any one hospital in particular, neither is any claim advanced of the superiority of the methods herein cited over those which may be preferred by others. The writer does not claim the distinction of being either an authority or an expert in laundry questions and it is with a feeling of considerable modesty that the few suggestions herein contained have been made, which are the result of personal experience hoping that they may prove helpful to someone who is struggling with this perplexing question.

THE PURCHASE AND USE OF DOMESTIC SUPPLIES

By MISS LENA LIGHTBOURNE

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ON Sunday, December 3, 1905, the *New York Tribune* published an article, the title of which was: "Reform in New York Hospitals—Plan on Foot to Eliminate Waste and Petty Graft on the Part of Employees, and to Promote an Economical System of Coöperation that is Badly Needed."

This article echoes the sentiments of many of us in hospital life who come in daily contact and hourly struggle with men and women who, because they do not have to put their hands into their own pockets and pay for what they use and consume, are utterly oblivious to the cost.

One of the best checks which can be placed on useless and wasteful expenditure is to form a system of comparison. But this comparison to be useful and helpful must be made weekly, monthly and yearly with the same department, in the same hospital, and under similar conditions. In drawing facts and figures from different hospitals we are brought to realize that so varied are the conditions that it is difficult to draw comparisons. Even given the number of beds in any one hospital, which is

the usual unit, we cannot always get a good comparison, because the classification of beds varies the cost and income. Hospital book-keeping and accounting, as well as hospital conditions and management, vary to such a degree that a general comparison affords no clue as to whether one institution is run more economically than another.

I have found it helpful to be able to tell a head-nurse just what her ward costs to run it, and not only is the commercial spirit aroused to try to make each month excel the previous one, but where a nurse is gifted with the proper loyalty and affection for the institution of which she is a part, she is stimulated by this knowledge to help suppress the waste and extravagance so thoughtlessly practised.

One great factor in economy is to *take care* of supplies after they are given, and the hospital which does not keep "tab" on what is given out for use in its various departments has much to account for. A part of the varied book-keeping is easily accounted for by the different desires of men who form the governing boards of hospitals. Some of these men are interested in large concerns where details of organization are a study, others are indifferent to details of that kind, and care only for financial details, and the superintendent is kept busy writing up a system of books to cover all their wants. I appreciate the superintendent who, when asked what he was doing these days, said that "he was busy educating his new trustees."

In preparing this paper, the subject of which is: "The Purchase and Use of Domestic Supplies," which includes bedding and linen, dishes and kitchen utensils, and the various domestic supplies which are in common use in every department of the hospital, I have discovered somewhat for myself the *uniformity* that is lacking in hospital management and accounting. Just here I would like to thank all of the superintendents who so kindly responded to questions which I asked in order to obtain information on points which are interesting to those who are engaged in the warfare of economy.

The replies to these questions are so varied that no uniform statistics can be obtained, but much useful information came to me through them, which I trust to be able to impart to you. For convenience sake I will group the subject into three divisions.

DIVISION I.—(a) Beds, (b) bedding, and (c) linen. The white enamelled iron bed has too wide a reputation to need recommendation here. To the inexperienced buyer a few remarks on the selection of one may not come amiss. First, you want as little material in a bed as you can get along with, remembering that the time is not long distant when it must be reenamelled, and thinking of such things as Buck's extension

and dressings of lower extremities, a foot-rail sufficiently high to come to the top of mattress and, if necessary, a bar to prevent the mattress slipping through is desirable. A head-rail high enough to suspend a container for irrigation, or, in emergencies requiring it, a mosquito-net, and rounded corners on both head and foot rails which do not afford convenient places for hanging things on are useful points. A few beds of extra length in the equipment of the hospital, and a few which can be adjusted either high or low, add greatly to the comfort of the patients, and often to the peace of mind of the superintendent. As a matter of expense, it is indifferent if rubber-tired castors or rubber tips are used, but as a matter of comfort and often safety to the patient tips are preferable—both, I find, mark a polished floor—while wooden tips or castors do not as much.

(b) Bedding.—Next in order is the mattress. I find that while many hospitals use the Ostermoor, and a few vegetable fibre, the majority decide in favor of hair, and I think all are agreed that a *good* quality hair is the most economical. It stands renovating. One hospital (Blackwell's Island) reported the use of army blankets and no mattress. One superintendent replied that when all her other ideals were met she would have that most desirable but expensive mattress—woven hair, where the cover is removed and laundered, and the woven hair put on the ground and the hose turned on it. I have not been able to ascertain any facts or figures about this kind of mattress from the furniture dealers, but would like to learn some.

Little has been said about the two-piece mattress, and while having its advantages in regard to the comfort of the patient it is not a practical one for institutional use.

In reply to 59 letters sent to hospitals 27 answers were received, and from these I learn that 20 hospitals use hair mattresses, 4 Ostermoor, 2 Field's Special Felt, and one vegetable fibre. Of these hair mattresses the weight is as follows: 1, 14 lbs.; 1, 20 lbs.; 1, 22 lbs.; 2, 23 lbs.; 5, 25 lbs.; 1, 26 lbs.; 1, 27 lbs.; 5, 30 lbs.; 2, 35 lbs.; 1, 36 lbs.

The size of these mattresses averages 6 x 3 feet, the depth varying according to the number of pounds.

Of pillows, feathers and hair are the only materials used, but the weight varies almost as much as that of the mattresses. Of the 27 reported 23 use feather pillows, weight varying from 2½ to 5 lbs.; size averaging 20 x 28 inches; 4 hospitals use hair pillows, weight 3 to 5 lbs. I think there is much waste and extravagance on the part of the superintendent who orders a 36-lb. mattress when a 26-lb. one will answer. And if a 3-lb. pillow will do, why buy a 5-lb. one? I quote

the medium weights, because I think the other extreme, such as a 14-lb. mattress, unquestionably objectionable, and there is no economy in stinting to the discomfort of those whom we are serving. At the hospital of the Good Shepherd, Syracuse, N. Y., we have been able to very satisfactorily *cleanse* our feather pillows by putting them through the washing machine, and in drying them using a little care to shake them occasionally. They come out very fluffy and clean.

Mattress protectors of various kinds are used, but nothing really protects except rubber.

(c) Linen.—The number of sheets allowed each bed varies anywhere from 2 to 24. Pillow-cases have about the same range. Laundry facilities greatly govern any proportion of linen allowed. Where clean linen is returned from the laundry every day the number of sheets, etc., need be comparatively small.

The actual purchase of material for sheets, etc., is a problem each one has to work out for himself or herself. The state of the cotton market to-day is one which requires constant study. Scarcely two days in succession will find the price of cotton the same, and it is ever on the increase. Nor can one always find the same price on the same day with every dealer, which adds a little to the excitement when a purchase is made.

As a point of economy unbleached sheeting for use in the wards is quite satisfactory, and what is of advantage to use for the sheet has the same advantage for the pillow-case. A sheet made with the same width hem and marked at both ends wears more evenly. The 1½-bleached sheeting which looks white after the first washing is more durable and cheaper than the bleached, although the bleached is always to be preferred for use in private rooms. The laundry regulations contribute as much to the economical use of linen as any effort that can be made to drive a good bargain in its purchase. There are two ways of losing in the laundry, one by articles disappearing altogether, and the other by their being injured by the use of improper soaps and solutions. The former is more easily corrected than the latter, the most reliable laundress sometimes yielding to the temptation of surreptitiously using a bleaching solution to gratify her pride in the appearance of her work.

It is frequently a conundrum to get the labor required to sew all our linen, and maybe we are dependent on sweet charity for it. Therefore it behooves us to guard it closely. A very unique and apparently practical method of getting hospital needlework accomplished has been adopted by our Woman's Auxiliary. Every Tuesday the ladies of some special church are invited to come and sew. This stated day seems to

appeal to the members of churches as a time especially belonging to them, and the spirit of rivalry is aroused to see which church can send the greater number.

Next in order we will take up the problem of blankets. One of our superintendents has certainly solved the difficulty when she says that the nearer we approach the characteristics of the old, hand-woven, all-wool blanket the nearer we will be to the ideal hospital blanket for general use. But while this may be our *ideal* blanket, its price places it beyond the range of possibility for most of us. One of the inconveniences attending the use of blankets of from 40 to 60 per cent. wool is that most of the wool is put in the colored borders, and after washing the blankets have ruffles for borders. Still, as a matter of economy, it does not pay for the hospital of ordinary means to get a blanket of more than 80 per cent. wool. Continual washing soon unfits the best blanket for warmth.

Concerning material for spreads: If one may judge by reports received, the Allandale dimity takes the lead. For lightness and appearance it certainly is most desirable, but for cheapness and durability the crochet or honey-comb spread would take precedence.

In obtaining percentages of loss in linen the highest percentage, without exception, comes in the loss of towels. I presume could the use of towels be traced it would show that it is also the most abused article in linen, since because of its size and material it comes in handy for more purposes than those for which it was ever intended to be used. One way to detect a towel out of its place is to have a different pattern or color for each kind of towel and adhere strictly to it. This possibility of detection throws a great safeguard around everything.

A small towel, say about 14 x 18 inches, makes an economical size for doctors' washstands. Damask linen for dresser-covers and stand-covers comes in almost any width, and is very satisfactory. For window-curtains nothing is quite as economical in every way as plain cotton scrim. It looks new every time it is laundered, and has no stripe nor prominent part to help wear it out.

We will speak of rugs under this division. The woven carpet rug is a cheap, satisfactory one for inexpensive rooms. For an economical *good* rug a good quality, double-faced Smyrna wears the best, and is also best when labor of shaking and cleaning is taken into consideration.

DIVISION II.—Dishes, kitchen utensils, and silverware. An ideal provision for dishes would be for each part of the hospital to have its own pattern. There would then certainly never be the mysterious mixing up of dishes. This ideal provision is quite beyond hospitals of

moderate means, for two reasons: In order to maintain a pattern one would have to deal directly with a factory; and in order to deal with the manufacturer larger orders than would be possible would have to be given at one time. As I have always been in a hospital of moderate means, I have had to resort to ways and means strictly economical to get results. The common white stone china being more practical for use in the wards, we have devised a way to mark it by means of an emery wheel, and thus we can at least detect pieces of china out of place. This same marking is done on the cheap, plain tumblers in everyday use also.

For our private departments we have better china, and try to keep one or two patterns, dealing with a pottery company through its local agent. In choosing china, if the pattern chosen is one where the design keeps within and away from the edge, when the inevitable nicks appear they are not as conspicuous, and again if a rounded and not a sharp edge is chosen nicks do not appear quite as soon.

There is a great saving in the purchase of agate kitchen utensils if "seconds" are bought. Frequently in these "seconds" there is only a small flaw on the outside which in no way interferes with the usefulness of the utensil.

Here our ideals may again be met by different colored enamelled utensils, indicating the different diet kitchens, but the same difficulties arise in its purchase as in the purchase of china. The same marking can be done on agate as is done on china.

The plain glass pepper-and-salts with the celluloid tops are a great addition to our equipment of dishes. Everyone knows how hard it is to keep the metal top, of a salt shaker especially, looking decent. The celluloid covers, however, will not stand being washed in very hot water.

The majority of the hospitals report silverware for private use preferably to be Rogers' plated, either triple or quadruple according to means available, although Mexican, Columbian, Britannia and Oneida Community each is used.

The white enamelled tray, although heavy, is satisfactory. In the wards it can be used without a napkin, which is a consideration. Aluminum trays are ideal but costly.

DIVISION III.—Miscellaneous domestic supplies: Soaps.—In the annual report for 1904 of the Fiscal Supervisor of State Charities of the State of New York, where he tells of the immense saving by purchasing supplies by contract, he says: "The first purchase of uniform supplies by contract, for State institutions, was made on April 1, 1903, when a six months' supply of soap was contracted for. One effect of this

plan was to give the institutions the advantage of six months' seasoning of the soap in their storerooms, thereby reducing the waste accompanying the use of green soap and making a given amount last longer. For the six months previous to this arrangement the State charitable institutions spent \$4,440.50 for soap, while for the first six months under the above arrangement they spent only \$3,274.24, having a saving of \$1,166.30, which, of course, was partly effected by preventing waste of soap by seasoning it, and partly by purchasing by contract. The Massachusetts General Hospital reports a saving of \$268.07 in seven months, by making its own soap. With much less labor and material sand or polishing soap can be easily made, with the same economical result.

Economy in brooms comes in in the care of them. Like most other domestic supplies the market price for them is ever on the increase. When not in use brooms should be hung or placed end up.

Pins.—An economical way of purchasing common pins is by the pound. It is one of the few supplies in which there seems to be no difficulty and great gain in dealing direct with the manufacturer. Limiting the supply in each department of the hospital is almost necessary. There is not another article supplied which offers such opportunity for waste and extravagant, unaccountable use.

Window Roller-Shades.—A moderately cheap shade and frequent renewal is desirable. A convenient fixture, for the rooms of patients especially, is known as the Bassett pattern, by which a shade can be raised, or lowered at the top, thus enabling an upper light to be obtained, with the advantage of the lower part of the window being screened at will. The shade plays upon its roller just as in the case of an ordinary "roller shade."

For collecting white linen, dressing and trash-cans, the ordinary galvanized-iron ash-can is very satisfactory and will last longer if the inside receives a coat of paint before use. Occasionally another coat may be desired for special cleansing purposes.

Ink.—The writing fluid, both black and red, but more especially the indelible ink, can be made with very little trouble and at small cost compared to its purchase at the usual market, or even wholesale, rate. I thought I had an inexpensive recipe for indelible ink, but when one of the superintendents informed me that at her hospital the indelible ink used was made by a 2-inch pencil nitrate of silver in an ounce of vinegar, let to stand in the sun for a few days, I consider that she has the better of me. I have proven for myself that as a marking ink it is satisfactory, but, as she says, too thin for stencil use.

In the use of ink, pens, blotting paper, and all desk supplies, a limit

to the amount supplied is a practical way to control the amount consumed.

I have many apologies to make for this paper, but while knowing that I have not offered any new or brilliant ideas, I trust that my simple effort to suggest what is practical may be productive of help to some.

THE AFFILIATION OF TRAINING-SCHOOLS

By MISS M. HELENA McMILLAN

Principal of Training-School, Presbyterian Hospital, Chicago, Ill.

FROM East, West, North and South reports come of what has been accomplished in the way of affiliation, what is being done, and what is planned for the future. Affiliation is not a new thing, although in its broadest, best form we as yet hardly know it, and possibly are not ready for it.

Temporary union through the courtesy of one superintendent and one school to assist another has occurred from time to time as occasion arose. As many as a dozen years ago a Cincinnati hospital, having decided to give up its work, was able to properly provide for the completion of the training of its pupils by the willingness of neighboring schools to receive its nurses as their own; the Illinois Training-School of Chicago and another Western school, whose name I have been unable to find, aiding in this by accepting the members of the senior class for their final months. In a similarly courteous manner, some years later, the Allegheny General Hospital, Pittsburg, to assist the Pittsburg General for Children, undertook the entire charge of the nursing in that hospital for three years while a new building was being put up, and in turn the Pennsylvania Hospital of Philadelphia came to the assistance of the Allegheny General by receiving its senior class until affairs adjusted themselves in the first two institutions.

Nurses' schools, particularly those connected with the large city hospitals, have, for an indefinite time, been working together, supplementing in a second or third institution the experience in practical nursing deemed necessary for a complete training and which the first was unable to provide. General hospitals have gladly sent their nurses to special institutions, such as maternities, children's or contagious hospitals and eye and ear infirmaries, thus accomplishing the threefold

object of broadening their own training, providing suitable care for the sick of the institution, and preventing necessity for the existence in these special hospitals of poorly-equipped and inadequate schools.

New York, Boston, Chicago and other cities abound in instances of this type of affiliation, so well known to us all that it is needless to cite examples. Not a few schools have been sufficiently interested in securing the complete training for their nurses to send them, sometimes at considerable cost to the school, to other cities or states; as the Leonard Morse, Natick, Mass., to Lying-In Hospital, Providence, R. I.; Lakeside Hospital, Cleveland, Ohio, to New York Lying-In Hospital; Riverside Hospital, Toronto, Canada, to the Woman's and to the Infants' Home, Detroit; Butterworth Hospital, Grand Rapids, Michigan, to Detroit; Home and Retreat, Lynchburg, Va., to the Presbyterian, Chicago; and others.

Possibly of more recent date and particularly noticeable within the last year or two, is that form in which the large general hospital, opening its doors, admits other school nurses into its wards and class-rooms, thus assisting the school belonging to a hospital with limited or special service. Among these we find Buffalo General receiving nurses from the Children's Hospital of Buffalo for their third year; Johns Hopkins opening its obstetrical department to the pupils of the Union Protestant Infirmary of Baltimore; and, possibly, giving before long the same opportunity to the school of the Church Home and Infirmary. To the latter, in addition, will be granted the privilege of having their nurses attend the intermediate and senior class lectures of the Johns Hopkins which are not provided for in their own school; The Illinois Training-School is now admitting into the Cook County Hospital nurses of the Browak and Dixon Hospitals of Illinois and the Passavant of Chicago. Maryland General, Baltimore, trains the St. Agnes Training-School nurses in obstetrics; New York Post-Graduate is open, during the summer months, to the school of the Jackson Health Resort, Danville, N. Y.; Policlinic of Philadelphia receives nurses of the Woman's Hospital of that city into its male wards and accident rooms; and Mt. Sinai of New York is open to schools connected with insane institutions, giving to the nurses four months' training, part of which time is in the operating-room.

Several schools of the specialty hospitals are fully awake to these opportunities and are making the most of them. The Jackson Health Resort, besides sending its nurses to the Post-Graduate of New York, is affiliated with the Erie County Hospital and with Dr. Mann's Gynæ-

cological Hospital, Buffalo; with the New York Infirmary for Women and Children; with the Laura Franklin Free Hospital for Children, New York, and with the Nursery and Children's Hospital. Another following the same plan is the Laura Franklin Free Hospital for Children, New York, in which the nurse spends the first year in her own hospital, and is prepared as well as possible in the theory and practice of nursing in all branches; the second year she is sent for adult training to the J. Hood Wright Memorial Hospital, where in addition to surgical, medical and gynæcological nursing she has experience in dispensary work; to the New York Infant Asylum; to the Minturn for Contagious; and for instruction in district nursing she is placed under the supervision of the staff of the Nurses' Settlement.

The Sheppard and Enoch Pratt Hospital for Nervous and Mental Diseases has been able to make an arrangement with the Post-Graduate of New York by which women who wish training in general nursing after the two years' course in special instruction in this hospital, may "under certain restrictions be admitted as advanced pupils in the New York Post-Graduate Hospital and Training-School and be allowed one year's credit there."

A somewhat different affiliation of two hospitals to provide educational material for one school is instanced in the Capital City School of Nursing, Washington, D. C. Both institutions,—namely, the Washington Asylum Hospital and the Central Dispensary and Emergency Hospital, has nurses' homes, class and lecture-rooms. Applications are accepted by the Superintendent of Nurses of the Washington Asylum Hospital, where the first two years are spent. The final year the nurse goes to the Central Dispensary and Emergency Hospital. As I understand it, the entire course of instruction, theoretical as well as practical, is planned together by the two women representing these hospitals, and not by the head of one only who arranges and possibly dictates terms to the second, an example well worthy of note and of emulation.

A form of affiliation less common is that of nurses' school with college, instanced in the Presbyterian Hospital of Chicago, where upon the organization of the school in 1903, Rush Medical College offered to assume responsibility for the instruction of the pupils in those subjects ordinarily taught in a medical school and the use of its laboratories and class-rooms. This offer was gladly accepted by the school and has been found most helpful, results having been thus obtained which otherwise would have been impossible.

During the past year the Provident (for colored women) and Wesley Hospitals of Chicago, and to a lesser degree the Mercy Hospital, have

united in class, lecture and laboratory work, this being given by the staff and in the class-rooms of the Northwestern University. The three named hospitals as yet have not affiliated in practical nursing instruction, but I understand there are plans along this line and some hope for a much closer union during the coming year.

An affiliation somewhat similar to the above was in existence several years ago in two or more hospitals in Rochester, New York, but does not now exist. City Hospital, St. Barnabas, and others of Minneapolis, Minn., unite to receive some of their lectures together, and they have hopes that the University of Minnesota will, before long, assist them in establishing preliminary instruction, and in such other work as the university is prepared to be helpful in.

State registration has aided somewhat in this tendency towards united effort, one direct result of the passage of a nursing bill being the abandonment of the school connected with the Crippled Children's Hospital, Baltimore, and the assumption of the nursing in that institution by the University of Maryland Training-School.

Also as the result of registration is the offer recently made by the school of the City Hospital of Indianapolis to receive nurses of other schools in their second year, giving them work in the wards of the hospital, lectures, classes and demonstrations. Massage and dietetics are added, but each affiliated school must bear the expense of instruction in those two subjects.

Ordinarily the hospital receiving the nurse provides board, lodging and laundry. Occasionally she returns to her own home at night. In a few cases a small monthly remittance is paid to the home school or directly to the nurse. Also at times the nurse visiting is provided with and expected to wear the hospital uniform while a resident. In every instance heard from the transportation expenses are paid by the sending school.

In discussing affiliation superintendents who have had experience write as follows: One says, "It is good for young nurses to come in contact with nurses from other schools, with other methods of work, and to have the opportunity of seeing other physicians than those of their own community." A second claims that there are certain disadvantages: "Nurses become relaxed in discipline, not being under the supervision of those who know them, are inclined to adopt methods which they consider easier and which are always less effectual, and consequently they return very often so confused with different methods as to have neither one way nor another. They also lose their class time and lectures." Another: "We have found affiliation satisfactory in

all respects." A fourth: "It makes nurses broader minded, more adaptable and tactful," while still one more says that the benefit received is not entirely on the side of the small hospital, and hopes that the women at the head of the large schools will become more generous in opening their doors to others.

Even such an incomplete sketch as has been offered shows that a great deal has been accomplished and is being planned for. Most of the states in which affiliation is not already known (and there are several both East and West), express the need and wish for it. However, affiliation as it is is not what we would have it nor what we hope it may be. There are undoubtedly many difficulties in the way of closer and broader union. Some general hospitals, which would gladly be of use to others, are unable to give those services mostly in demand,—namely, children, obstetrical and contagious,—needing what they may have for their own pupils. It would seem possible, however, to follow the example set of lending some of their medical, surgical and other adult material to those who need it, without in any way lessening the excellence of training in their own schools. The use of the special hospitals, when within reach, seems to be pretty generally appreciated, but the supply of these will hardly meet the demand.

The tendency noticeable towards affiliation in class and lecture is pleasing and worthy of encouragement. In this way the cost of instructors might be divided, making the use of the salaried teacher much more possible and common.

May it not seem plausible to suggest that those two or three Western schools which have joined with themselves and again with an educational center have started on the road to the solution of the problem which in time will lead to the desired good? By their own union they bring combined knowledge and experience in working out a suitable course of instruction, and provide the necessary nurse instructors; through their relationship with the several hospitals they obtain the desired clinical material; and by their affiliation with a university, already equipped with laboratories and their expensive requirements, they have the privilege of their use and the advantage of instructors and lecturers specially trained in those subjects which, at present at least, nurse instructors are not prepared to teach most effectively.

If nurses' schools are ever to become distinctively educational, they must associate themselves with other educational organizations, must become part of an educational organism. At present they are parts of a whole, but the whole has aspirations which satisfy only one side of the part. Hospitals exist to provide for the care of the sick; they may

lend themselves, to a certain extent, to educational purposes, but never can or should be educational centers, or assume to a large degree educational problems. The school (part of the hospital) exists to nurse the sick but also to fulfill a duty equally as important to the community,—that is, to educate its student nurses,—and accordingly must undertake and solve these educational problems. It might seem, therefore, that the part is broader than the whole, a condition which ties the hands of the schools for nurses and makes their progress, beyond a limited degree, impossible.

Should we throw aside the hospitals, which is out of the question, and if possible, undesirable, and endeavor to unite ourselves to the universities alone, we might say, with equal truth, that the whole would fail to satisfy all needs of the part. Nurses' schools are distinctively twofold: giving care to the sick, and for this they need the hospitals and the hospitals need them; and secondly, educating their pupils, in which they must have assured assistance from a strong and essentially educational source.

At present the position of the nurses' school seems to be a false one. With all due respect to the hospitals we love and serve, they are tying us down, binding us and grinding out whatever aspirations we may have to make the best and most of our schools. To accomplish anything we must be free,—not to stand alone, which seems beyond the limits of easy imagination, nor to desert the hospitals, which we would not leave if we could, but to have the positions of the schools readjusted so that they, recognized as of educational nature, complete in themselves and not an insignificant part of either, may unite with hospitals and with colleges, taking from both but in return giving back full measure in helpfulness. This tendency seems already to be showing itself. Whether it is the proper and a possible thing for the schools is for the future to decide. We may, however, take comfort in what has already been accomplished. We are ourselves becoming broader, less exclusive, and more concerned about the results of the whole as against our own little interests. Local superintendents' associations and state organizations, following the example of the national, have helped to bring us closer together; nursing journals are keeping us awake, and finally state registration will do much by compelling even unwilling effort for affiliation. The time is not being wasted; we are getting ourselves ready, and gradually working towards the object in view—affiliation along all lines and with every interest which will enable schools for nurses to fulfill their obligations to the utmost and in the best, wisest and broadest manner.

REPORT OF THE COURSE IN HOSPITAL ECONOMICS

I HAVE the honor to present the seventh annual report of the course in Hospital Economics, and that this report gives evidence of the same steady progress that has characterized the reports of former years is due to the unfailing interest and unceasing efforts of the lecturer in charge, Miss Alline. A comparative statement of our financial standing may be of some interest:

| | | |
|----------------------------------|-------|----------|
| 1902, June 1st, balance on hand | ..... | \$131.62 |
| 1903 " " " | ..... | 58.73 |
| 1904 " " " | ..... | 3.97 |
| 1905 " " " | ..... | 454.16 |
| 1906 (estimated) | ..... | 525.00 |

Estimating the expenses of closing the year June 1, 1906, will give the largest balance so far. We received during the year several donations for the endowment fund, making the total amount to be \$435.58.

The most notable event of the year has been the establishment of the two years' course, with a special diploma. We regret that owing to our limited time, it is impossible to present in detail the advantages this offers. It must suffice to say that it permits of a better correlation of studies and it enables the students to take their teaching methods the first year and their practice the second, overcoming thereby one of the weakest points in our one-year course. It must not be understood, however, that this extension in any way interferes with the former course of one year with the certificate. This remains as formerly, but should the students be unable to remain two consecutive years, it is made possible for them to return at any convenient time and obtain their diploma.

We are deeply indebted to Miss Lurkin, of the Laura Franklin Hospital, for placing the theoretical instruction of the nurses of that school in the hands of our students. Those students who have been entered for the one-year course have been obliged to take this practice teaching in connection with their teaching methods (6 lessons each). Of the seven students now taking the course, it is uncertain how many will return for the second year. Two, however, have planned to do so, and a third has it under consideration, and two for whom positions are being held are planning to return when possible. Diplomas will be obtained this year by two of the class of 1904.

As Miss Nutting was unable to give her usual course of lectures, Miss Dock very kindly consented to assist us in her stead. The other very valuable lectures by Miss Banfield, Miss Riddle, and Mrs. Robb,

were given as usual. We are also indebted to Dr. Vulte for some special lectures and laboratory work in urine analysis. A lecture by Mr. Byard, in charge of the drug department, St. Luke's Hospital, gave some valuable points in the handling of the department, and Mrs. Rowland gave an interesting talk on the simplest forms of physical exercise. It would be of interest to know that these last two lectures were the first to be paid for out of the funds of the course. We are indebted to Miss Wilson, St. Luke's Hospital, for her assistance in defraying the cost of Mrs. Rowland's lecture.

We have, year after year, increasing evidence of the need of the course, and I think continual evidence of its value. Of the forty-one graduates, twenty-three are holding positions to-day. As the outcome, possibly, of this Hospital Economics course, Dean Russell has established a new chair, into the details of which I shall not enter, inasmuch as the dean has kindly consented to come here this morning to explain the plan more clearly and fully than I can. I understand, however, it is intended to make this course meet the needs of those who wish to prepare themselves for all forms of administrative work. In other words, its scope is to be much wider than that of the Hospital Economics course, and I am sure you will all be intensely interested when you hear that this professorship has been offered to, and accepted, by Miss Nutting.

There is, however, an aspect that presents itself which calls for our very earnest consideration. The appointment has, in this particular instance, fallen to a member of our society, and as long as she remains there the success of our Hospital Economics course is assured, but we must not overlook the fact, when it becomes necessary, as it some day will, to appoint her successor, it will be very possible that the appointment will not be given to a member of our profession; there is not any reason to suppose it would. We cannot fail to realize that in its present formative stage and under Miss Nutting, with her rare intellectual and executive ability, and with her love for her profession, this new department cannot only easily be carried on in connection with our department, but to our department's great advantage. But the dean himself acknowledges that he believes that we shall soon need a chair of our own. If we had the necessary endowment, we could have that chair to-day. In our elation over this most progressive step, for this we deem it to be, we cannot fail to realize that it is more necessary than ever that we should make every effort to increase our endowment fund, that at the first possible moment through our society a chair in Hospital Economics may be established. That we could have two such women as Miss Nut-

ting and Miss Alline at once would not, during the creative years of this department, be reasonable to expect. It will at first be quite possible and probably pecuniarily necessary, with some such assistance as could be given by a pupil of the second year, that all the divisions of this department should be carried on by the same person. As, however, Miss Nutting will be unable to undertake the full supervision of the work for another year, you will, I am sure, be delighted to hear that Miss Alline will continue to take charge of our course until she comes.

Respectfully submitted,

ANNIE W. GOODRICH,
Chairman.

REPORT OF THE SECRETARY OF THE AMERICAN SOCIETY OF SUPERINTENDENTS OF TRAINING- SCHOOLS FOR NURSES

THE Twelfth Annual Convention of the American Society of Superintendents of Training-Schools for Nurses was held in Du Bois Hall, The Academy of Medicine, 17 West Forty-third Street, New York, on April 25, 26 and 27, 1906.

The attendance was large, the papers excellent, being followed by animated discussions, the entertainments were lavish and beautiful, and all agreed that, if possible, each annual convention is better than the last.

The first session was called to order by the president, Miss Goodrich, at 11 A.M. on Wednesday, April 25.

The opening prayer by Rev. Henry Sloane Coffin, pastor of the Madison Avenue Presbyterian Church, was followed by an address of welcome by the Hon. Seth Low, former mayor of New York, and ex-president of Columbia University. Miss McMillan responded in behalf of the Society.

The address of the president, which followed, was enthusiastically received.

Before reading the report of the council, the acting secretary expressed her extreme regret at the absence of Miss Nutting, spoke of her recent severe illness, and of how impossible it was for anyone to attempt to fill her place.

Three meetings of the council were held during the year. Forty-three applications for membership had been approved, and would be presented for election.

A letter of resignation from Miss J. J. Cunningham was read and accepted with regret. Eight members forfeited privileges of membership for non-payment of dues.

The treasurer's report was then read and accepted.

The Committee on Education made no report, but realizing that there is much to be done, requested that the same committee be reappointed, if agreeable to the Society.

The report of the Committee on Legislation was read by Miss S. F. Palmer, who said that as a committee no definite work had been done as recommended by the Society, but that the Board of Examiners of New York State had been called upon to outline a curriculum for the regents to recommend to the schools applying for registration under the New York statute. Miss Palmer spoke of the immense amount of labor involved, and to Miss Gilmour she gave especial credit for working out the great number of details as to hours, etc. This is the first attempt to put on paper a scheme of this kind covering the time from the day the pupil enters the school as a probationer until she graduates in three years.

The Educational Department in New York is much interested in this curriculum, and it was gratifying to hear of the possibility that it might be interested to aid in establishing a central school for pupil nurses, a step long recognized by this Society as inevitable. Miss Palmer then presented a copy of the curriculum, which will be published in the annual report, that it may be in the hands of every member.

There was no report from the Committee on Incorporation, but it was decided that the Society should become incorporated at once, and a committee was appointed for that purpose.

A letter was read from Miss Dock expressing her regret at not being present, and the hope that a large delegation would go to Paris in June, 1907, as international meetings were productive of great good. Miss Dock presented a share of AMERICAN JOURNAL OF NURSING stock to the Society, in token of regard, and for the sake of old times, when she was its honored secretary. A vote of hearty thanks was sent to Miss Dock.

The president announced a Red Cross meeting at the Waldorf Hotel to which the Society was invited, after which the meeting adjourned.

The afternoon session opened with an address by Dr. John Brannan, president of the Board of Trustees of Bellevue and Allied Hospitals, on the subject of Hospital Economy, with especial reference to the question of surgical supplies. He gave a very interesting report of his efforts in the direction of economy, first, through the surgeons, and

secondly through the superintendents of the training-schools. Dr. Brannan presented a summary of recommendations for economy in the use of medical and surgical supplies as drawn up by his committee, also tables for estimates of supplies necessary for specific operations.

He reports gratifying results in those New York Hospitals in which these efforts toward economy have been made.

In the absence of Miss Wheeler, her paper on "Furnishings and Equipment of Hospitals for Children" was read by the secretary.

This led to a lively discussion on the relative merits of brass and enamel beds, screens, pictures, toys, and kindergartens.

Miss Flora Shaw's paper on "Furnishings and Equipment of Nurses' Homes" brought out prolonged discussion, not only concerning the immediate subject, but the management of homes, the privileges of pupils as to the use of laundry, the care of sick nurses, night nurses' suppers, napkins in the dining-room, etc.

The president then mentioned that reports of the last annual convention which included the first annual report of the American Federation of Nurses were to be had for fifty cents, paper copies, and seventy-five cents for those bound in cloth. The price of the Buffalo report is now fifty cents.

The meeting on the second day opened with the election of 43 new members. A telegram from Miss Nutting sending her best wishes for the success of the meeting, and signing herself "Sorrowful Secretary," was read by the president. It was moved at once that a telegram of regret at her absence be sent to Miss Nutting from this Society.

An invitation was received for the Society to meet next in Philadelphia, which was accepted. It was then moved that the president appoint a committee to take some immediate action with regard to the sufferers at San Francisco.

The amendments to the constitution and by-laws as presented at the meeting last year were next considered. The change of name led to such varied and spirited expressions of opinion that it was resolved to postpone decision until the following morning.

Miss Davis then read a very strong plea for the Society's support of the AMERICAN JOURNAL OF NURSING, which cannot fail to have the desired effect upon many of our members.

Mrs. Kinney, in accordance with a suggestion made at the last meeting, thought that it would be a very graceful act for this Society to offer itself in a body to the eligible volunteer list in the Surgeon General's office. At a later session, it was unanimously voted that this should be done.

The afternoon meeting opened with a paper by Miss Macdonald, and read by Miss Ross of the Johns Hopkins Hospital, on "Economy in the Use of Surgical Supplies," which included so many topics of common interest that discussion might easily have consumed the entire afternoon.

In the absence of Miss Anna Jammé, of St. Mary's Hospital, Rochester, Minnesota, her paper on "Economy in Operating-Room Technique" was read by the secretary.

The amount of surgical supplies as found necessary in that hospital of world-wide reputation is unusually small.

Miss Walker here suggested that her paper, being a tabulated report, be read in title. Miss Clara Noyes, superintendent of St. Luke's Hospital, New Bedford, Mass., then gave the result of her experience in the "Management of the Laundry in the Smaller Hospital." Miss Noyes so clearly explained each step in her valuable paper that it should be found of the greatest use to any who already has charge of that department, or who contemplates assuming that responsibility.

An invitation from Mrs. Gretter to meet next year in Detroit was then read, but it had come too late for consideration, and the meeting adjourned.

On Friday morning, on account of the number present, the Society met in a larger hall. Miss Goodrich, chairman of the Hospital Economies Committee, reported a prosperous year in every respect, with a larger financial balance than ever before. She made the very interesting announcement that a new chair to meet the needs of those who wish to prepare themselves for all forms of administrative work, is to be established at Teachers' College. In other words, its scope is to be much wider than that of the Hospital Economies course, and the professorship has been offered to and accepted by Miss Nutting. Miss Goodrich strongly urged that every effort be made to increase the endowment fund of the Hospital Economies Course. Miss Goodrich was reelected chairman of the course by the council.

This was followed by a resolution of sympathy to the members of the Society resident in San Francisco. It was then voted to send one hundred and fifty dollars, and a number of contributions from members was afterward received.

Miss Mary S. Gilmour begged to place before the Society the name of Mrs. Cadwalader Jones for consideration as an honorary member.

Mrs. Jones has long been identified with nursing matters, being a member of the first committee which met to talk over the possibility of introducing trained nursing into this country, and the Bellevue School

was the direct outgrowth of that meeting. In 1887, the nursing of the Blackwell's Island School was placed in her hands for reorganization. Later, in connection with state registration, she was most helpful. Mrs. Jones was unanimously elected.

Miss Mabel T. Boardman, now so closely identified with the reorganized Red Cross, was also elected an honorary member.

Miss Lightbourne, trustee in charge, Hospital of the Good Shepherd, Syracuse, N. Y., read a paper on "The Purchase and Use of Domestic Supplies," which will be found of much practical benefit to all who have to do with this important department of a hospital.

Miss Boardman, of the Executive Committee of the Red Cross, was then introduced, and gave a most interesting and stirring address on the "Red Cross Nurse," after which Colonel Sanger, of the New York State Branch, expressed a personal sense of obligation to the women of our profession, and said that he recognized how much the future of the Red Cross depends upon our coöperation, and that the committee would do everything in its power to see to it that the high standard with which we are so thoroughly in sympathy is maintained.

After a brief recess, Miss M. Helen MacMillan, principal of the Training-School, Presbyterian Hospital, Chicago, read a Report on the Affiliation of Training-Schools, which shows the progress made in that direction within a few years.

Interesting discussion, led by Miss Francis, of the Washington Asylum Hospital, followed this paper.

The amendment of the first article of the constitution held over from the previous day was now considered. After a clear recapitulation of the arguments for and against changing the name of the Society by Miss McKechnie, chairman of the committee on revision, it was moved, seconded, and carried that the name of this organization shall remain unchanged.

The president-elect, Miss Maud Banfield, of the Polyclinic Hospital, Philadelphia, Penna., was here introduced. She expressed her appreciation of the honor, and extended cordial welcome to the Society in Philadelphia next year.

Hearty votes of thanks were then offered, and the meeting adjourned.

The Demonstrations of Practical Methods of Nursing in the Simms Operating-Room of the Roosevelt Hospital, together with the Nursing exhibit, was a fitting close to the convention, and was thoroughly appreciated by all present.

As has been said, no effort was spared to entertain the superintendents in a manner worthy of New York. The luncheon at the Man-

hattan Hotel, by the Alumnae Associations of New York City, the 'Tea' at the New York Hospital Nurses' Club, the exhibit at Nurses' Settlement, ending with the reception by the Alumnae Association of the Presbyterian School for Nurses, each gave opportunity for social intercourse under delightful conditions.

The following officers of the Society are elected for the coming year:

President, Miss MAUD BANFIELD, Polyclinic Hospital, Philadelphia, Pennsylvania.

Vice-President, Miss ANNIE W. GOODRICH, The New York Hospital, New York.

Second Vice-President, Miss C. Q. MILNE, Presbyterian Hospital, Philadelphia, Pennsylvania.

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Secretary.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

WE feel that Mr. Low's address of welcome, Miss Goodrich's opening remarks, and the report of the secretary, Miss Nevins, supply all that we might say at this time in regard to the splendid meeting of the Superintendents of Training-Schools, the proceedings of which occupy this number. With the exception of the condensed reports which follow, all other matter must hold over until September. Our August space will be given up entirely to the proceedings of the Nurses' Associated Alumnae meeting in Detroit, June 5, 6, 7, and will be edited by Miss DeWitt. The leading papers in September will be on the higher education of nurses by Dr. Hurd, of the Johns Hopkins Hospital, also one on the same subject by Dr. James Dudley Morgan, of Washington, D. C. We will be glad to publish at the same time other contributions on this subject from both nurses and physicians. We have also for the September number, very interesting private nursing papers, practical suggestions, and the promise of a "Nonsense" page from Miss M. E. P. Davis.—ED.

NEW YORK.—The Bellevue Alumnae Association has opened a club-room and registry at 14 East Forty-second Street. The rooms have been most beautifully furnished by Mrs. Wm. Church Osborn, the President of the Board of Managers of the Training-School, and will be open at all times to visiting nurses. The Association most cordially invites nurses visiting the city to call at the Club. A rest corner will be provided for those waiting over trains. (The club is only a very short distance from the Grand Central Depot.) Miss Slayton, the manager, will be very glad to furnish information regarding lunch-rooms, reliable boarding-houses, and the location of hospitals and training-schools. Every Thursday some other members of the Association will be present to welcome strangers. On that day the president of the Associated Alumnae hopes also to be present from 4 to 6 o'clock to greet members of the National Association. All nursing magazines conducted by nurses will always be found on file in the reading-room.

STATE MEETINGS

NORTH CAROLINA.—The North Carolina State Nurses' Association, held in Charlotte, was one of unusual interest, beginning Thursday, May 31, and lasting two days. Miss Annie Damer and Miss Lena Rogers, of New York City, were the guests of honor, Miss Damer speaking on Tuberculosis Work and Miss Rogers on Nurses' Work in the Medical Inspection of Public Schools.

NEW HAMPSHIRE.—The second meeting of the Graduate Nurses of New Hampshire was held at 11 A.M. May 28, at the State Hospital, Concord. An Association was organized to be known as the Graduate Nurses' Association of New Hampshire. A constitution and by-laws were adopted. The following officers were elected: President, Miss Ada J. Morey, Wilder, Vermont; first vice-president, Miss Ida F. Shepard, Mary Hitchcock Hospital, Hanover, N. H.; second vice-president, Miss Grace Haskell, Dover, N. H.; recording secretary and treasurer, Mrs. Clara V. S. Glidden, 21 South Spring Street, Concord, N. H.; corresponding secretary, Miss B. M. Truesdell, 36 Merrimack, Concord, N. H. The Executive Board is composed of nine members. The officers already mentioned make five of that number. The other four that make up the full board are: Miss Bobina Thompson, Manchester; Miss Van Vrankin, State Hospital, Concord; Miss Ida A. Nutter, City Hospital, Laconia; Miss Lisle E. Thompson, Keene.

NEW JERSEY.—Forty members attended the New Jersey State meeting held in Newark June 5. Twenty-one new members were admitted. This was a meeting called for the purpose of discussing the amended Registration Bill, which had been prepared by the Ways and Means Committee, who have endeavored to embody the best points gathered from bills already passed, with due regard to the condition which prevails in the state of New Jersey. It is hoped that the amendment bill can be presented to the legislature which convenes in December.

NORTH CAROLINA.—The Board of Examiners of North Carolina held its third meeting in Charlotte May 29 and 30. The six nurses who applied for examination passed successfully and the Board were encouraged by the better preparation of the recent applicants. The new members of the Board are: Miss Eaton, Wilmington, N. C.; Dr. Jno. Blount, Washington, N. C.; Dr. J. E. Ashcraft, Monroe, N. C.; Misses Pfohl and Wyche were elected to serve another term.

REGULAR MEETINGS

MASSACHUSETTS.—The third annual meeting of the Massachusetts State Nurses' Association was held in Potter Hall, Boston, on June 12, 1906. Prayer was offered by Rev. Ellis Bishop. The president, Miss Riddle, in her address, said that though we had not secured state registration, we had gained much useful knowledge during the past three years, and urged us not to forget that we were working for the betterment of the nursing profession, and for better and more hygienic ways of living for the *common* people.

Dr. R. C. Cabot gave a very instructive and interesting address on "The world's war against tuberculosis and the nurses' part in it." He predicted that in the future there will be an increasing demand for nurses who have received special training in the care of tubercular patients.

Rev. Edward Cummings gave a very helpful address on "The Art of Living." He closed by giving us three rules to live by: First, Get out of bed on the right side. Second, Smile before breakfast. Third, Pick quick, and choose the best things.

Miss Willis, one of the Boston School nurses, gave an interesting account of the school work in Boston, which was started in September, 1905, with only one nurse; but since January, 1906, two nurses have been on duty.

An encouraging letter from Miss M. E. P. Davis was received with applause. A collation was served after the meeting.

NEW YORK.—The Alumnae of the Presbyterian Hospital held their annual meeting May 18, electing the following officers: President, Miss E. M. Ambrose; vice-president, Miss N. E. Cadmus; treasurer, Mrs. J. B. Christie; recording secretary, Miss Grace Overton; corresponding secretary, Miss Lucy F. Ryder. A review of the year's work and other business closed a profitable meeting. In the evening a dinner-dance was given to the graduating class.

SAN FRANCISCO.—The San Francisco County Nurses' Association have established a club-house and central directory at 4 Steiner Street, for the homeless member, with Miss Mary L. Sweeny in charge. Those who lost everything have been supplied in a great measure with clothing. Of the 550 members hardly 200 have been located since the fire, many having been obliged to leave the city. It is hoped that the club-house will enable many to return. All contributions should now be sent to Miss Sweeny, at the club-house, and will be used in the way most needed for the nurses who were burned out. Contributions received through the Red Cross amount to \$375, \$200 being from the American Society of Superintendents of Training-schools, \$150 from the nurses of Rochester, N. Y., and \$25 from Miss L. L. Dock. The nurses have heard in a general way that other contributions have been sent through that channel, but have no definite information and report only the \$375 received through the Red Cross office. It is feared that much that has been sent, having gone through wrong channels, will never reach the nurses. Other contributions mentioned are \$50 from the Louisville Nurses' Club, \$500 from the Hawaiian Relief Committee, and sums from the nurses of California organizations, making a total of \$7,500.

At the stated meeting of the Associated Alumnae in Detroit \$300.00 was voted from the treasury for the benefit of the San Francisco nurses.

The Rochester nurses have an additional \$50 to send and the school nurses of New York City are sending \$50 towards paying the salary of a nurse. There is great need of money to pay nurses who are doing district work among people who have lost everything, but can pay a little, and do not belong to the "charity" class. There will be great need of money for this work for a long time to come. There is no place in San Francisco for nurses from other sections of the country. The people have so little money that few can charge regular rates and the San Francisco nurses are working for little or nothing as the case may be, being thankful in many instances to secure shelter and food in return for services.

BOSTON.—The Alumnae Association of the Boston City Hospital held its annual meeting June 5, electing the following officers for the coming year: President, Miss Riddle; first vice-president, Miss Louise Coleman; second vice-president, Miss Boswall; secretary, Miss Elizabeth C. Fairbank; treasurer, Miss Emma M. Nichols. There was elected a Visiting Committee numbering twelve. The membership committee, having added fifty to our number during the past year was unanimously reappointed. A new committee of three was elected to attend to the publication of matters of general interest. The social part was a basket picnic, a special car carrying forty-four members to the Blue Hills Reservation.

BROOKLYN.—The Alumnae Association of the Eastern District Hospital was organized on May 8. Officers elected were:

President, Miss Gudrun Diesen; vice-president, Miss Rosie Ferguson; secretary, Miss Mary A. Dunn; treasurer, Miss Lillias Vanterpool.

BUFFALO, N. Y.—The Nurses' Alumnae of the Buffalo Homeopathic Hospital held its "Class-Rally Day" meeting May 24 at the home of Mrs. Wm. Paddock, in honor of the graduating class of 1906. The program following the business meeting consisted of a history of each of the classes since graduation, and a horoscope of each of the graduating class.

DENVER, COLO.—The State Board of Nurses' Examiners will hold its first examination for registration under An Act relating to professional nursing on July 18, 1906. Apply to Miss Louie Croft Boyd, secretary, 125 East Eighteenth Avenue, Denver.

SCRANTON, PA.—The State Hospital Nurses' Alumnae Association held its regular monthly meeting in the nurses' sitting-room at the State Hospital, May 17, at 3 P.M. One new name was accepted for membership, and four were proposed. An interesting report of the state meeting was read by Miss Emily Gaunwell. The next meeting will be held June 21, at the Hospital. The annual dinner was held on May 15.

DENVER, COL.—The Trained Nurses' Association has assumed control of the Nurses' Directory, has appointed Miss D. M. Lebo, a graduate of Cincinnati City Hospital, superintendent, with headquarters at 8 East First Avenue.

TRAINING-SCHOOL NOTES

On May 29 the Illinois Training-School of Chicago graduated the following class: Jean Aldis, Florence Ames, Mary Catharine Appleford, Maud Marrion Athey, Dorabel Benedict, Jessie Ethel Bigelow, Mary Josephine Buzza, Maude Louise Cook, Frances B. Dowd, Agnes Ferguson, Ora Jean Frost, Leona Humiston, Inga M. Johnson, Grace Kellogg, Jessie Kendall, Cora J. Kohlsaas, Elizabeth Lindburg, Mary Medley, Margaret Mulvihill, Julia J. Pigg, Jennie M. Putnam, Mary Etta Quackenbush, Nellie Maud Reagh, Eva Renwick, Wilhelmine Robinson (Mrs.), Harriet St. John, Mabel F. Snider, Florence Mary Springer, Anna Guthrie Stewart, Sara Todd, Martha Blanche Veitch, Ada Venard.

THE graduating exercises of the Hospital of the Good Shepherd, Syracuse, N. Y., were held May 29 and diplomas given the following: Miss Pearle Blanche Beecher, Miss Elizabeth Belle Webster, Miss Elizabeth Fletcher Mann, Miss Anna Maude Tipper, Mrs. Beatrice Silona Wade, Miss Josephine Eleanor Warner.

JACKSONVILLE, FLA.—St. Luke's Hospital graduated the following five nurses on May 30: Misses Laura A. Baird, of Gainesville; Mary Blanch Laughlin, of Jacksonville; Marie Danese, of Jacksonville; Ella M. Hart, of Gainesville, and Mary L. Lowe, of Fernandina.

THE San Diego County General Hospital (Cal.) held graduating exercises June 5, giving diplomas to the following young ladies: Miss Adella L. Manson, Miss Agnes N. Evans, Miss Olive Helen Eames, Miss Jennie C. Mosier.

THE Presbyterian Hospital, New York, held very interesting graduating exercises on May 17.

THE graduating exercises of the Baltimore City Hospital Training-School for Nurses were held May 22. Diplomas were presented by Dr. Charles F. Bevan to the following nurses: Misses Emma M. Kinhart, Antoinette Agnew, Margaret D. Murray, Agnes X. Hartman, and Mary L. Concanon, of Maryland; Misses Susan G. Gallagher, Mary M. Tracy, Rose A. Keating, and Malissa McElheney, of Pennsylvania; Misses Mary L. Hefner and Winifred King of Massachusetts; Miss Geneva L. Dunkle, Ohio; and Miss Johanna W. Tuve, Germany.

THE Union Protestant Infirmary of Baltimore graduated eleven nurses on April 27. The exercises were exceptionally interesting.

THE Mt. Sinai Alumnæ, in addition to endowing a room for its members, has now undertaken to provide pensions for such as become incapacitated. The Mt. Sinai Pension Association was organized May 15. Sixty members have joined, paying annual dues of ten dollars. The officers are: Lydia C. McKown, president; Harriet Miles, vice-president; L. M. Warner, corresponding secretary; Marilla Crysler, recording secretary; Ella Atwater, treasurer; Ida Ketcham, assistant treasurer; M. E. Switzer, J. H. Ryerson, D. Jones, K. J. Feldman, A. Simonson, J. Greenthal, F. L. Hartman, E. F. Williams, J. Schmieder.

THE State Hospital of the Northern Anthracite Coal Region of Pennsylvania held graduating exercises May 14. Those receiving diplomas were: Frances J. Shay, Elizabeth Drumber, Mary F. Baker, Mary A. McHugh, Lucretia E. Gourley, Mary C. Rhen, Harriet C. Van Aken, Carrie M. Luppert, Ida M. Steiger.

ST. AGNES' HOSPITAL, Philadelphia, graduated the following young ladies on May 29: Miss Josephine Coffey, Miss Sadie Colman, Miss Agnes Hooven and Miss Susan Walters.

THE St. John's Riverside Hospital, of Yonkers, graduated the following young ladies on June 6: Lillian D. Winter, Elizabeth Wolfey, Eugenia Coope, Ada C. Garland, Jennie Dickson, Elizabeth Rice, Emily C. Colquhoun, Mary De Monlin, M. L. Campbell, Harriet Frost.

THE Rhode Island Hospital, Providence, graduated twenty-one nurses on May 22. The members of the graduating class were as follows: Bessie M. Scott, Sara A. McCarthy, Katherine F. Dolan, Emma L. Dunn, Edna L. E. Seale, Jenna A. McNulty, Aurelia B. Banks, Elizabeth S. Davidson, Jessie Barclay, Nellie G. Smith, Alice Hall, Julia E. White, Edna M. Dickson, Alma A. Nelson, Mable Currie, Justina E. Neilson, Mary R. Nahan, Mary E. MacEwen, Florence E. Duggan, Mary E. Guthrie, Josephine Galligan, Margaret S. Fenton, Margaret Dearness, Susan Gray, Ruby Falcomer. The next day the Alumnae Association gave a dinner to the class at the Narragansett Hotel.

THE Butterworth Hospital School of Nursing held its commencement exercises on Monday evening, May 28, at the Fountain Street Baptist Church. The graduates were: Nina McCoy, Alberta Jacobson, Jessie E. Johnston, Mary E. Denton, Florence E. Pittenger, Frank G. Corrigan, Elizabeth C. Jongejan, Blanche A. Rippey, Agnes M. Frawley, Marian E. Bale, Nellie E. Buob, Margaret S. DeCoux.

THE S. R. Smith Infirmary, New Brighton, S. I., graduated the following nurses on May 3: Margaret Virginia Thompson, Lazelle Aylward, Janet Chalmers Irving, Margaret Neulands Taylor, Julia Adelaide Rand, May Alexander.

THE graduating exercises of the Cottage Hospital Training-School for Nurses of Peoria, Ill., for the year 1906, were held at the First Congregational Church on the evening of May 25. Mr. O. J. Bailey, President of the Hospital, gave the address of welcome and introduced the speaker, Miss Mary E. McDowell; subject, "The Trained Nurse and the Community." The graduates were: Miss Mary E. Mickey, Miss Edna A. Miller, Miss Bernice Leona Ferguson, Miss Ada S. Charlton, Miss Ada Adcock, Miss Myrtle I. Terrell, Miss Rena May Himes, Miss Clara A. Zeller, Miss Isabella Leeds, Miss Nellie Harbers, Miss Anna Rankin, Miss Charlotte M. Perkins, Miss Elizabeth B. Eggleston and Miss Adeline V. Graff.

THE Bridgeport Alumnae entertained the graduating class on the evening of May 31, when there was music and dancing. A large number of friends were present.

THE McKeesport (Pa.) Alumnae entertained the following members of the graduating class on June 12: Misses Getty, Bowers, Douglass, Symington, Bear, and Stewart. There was an interesting program of music. Miss Lydia Keener, a member of the alumnae, is to take up army nursing.

THE Memorial Hospital held graduating exercises of a very interesting character on May 29. Those receiving diplomas were: Agnes Smith, Mary Griffith, Mattie Whitehead, Anne Johnson, Rose Hancock, Essie Hunt, Annie Barksdale. On May 30 the class were entertained by the graduates by an automobile trip and luncheon. An Alumnae Association has been formed.

THE Victoria Hospital, of London, Ont., graduated the following young ladies on May 22: Mabel Andrews, Gertrude Armstrong, Christella Campbell, Elizabeth Dulmage, Mary A. Gillies, Ruth Graham, Oliver Hooper, Lillie King, Florence Lankin, Florence McCulloch, Margaret Macpherson, Elizabeth McQueen, Lelia D. Orme, Ina F. Pringle, E. May Spence, Margaret Stewart, Marguerite St. John, Lillian Wren, Jennie Welch, Lydia Whiteny.

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JUNE 5, 6 and 7, 1906

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1224 Dillon Street,
St. Louis, Missouri.

Delegate.....MISS J. G. FLANAGAN.

Columbia and Children's Hospitals, Washington, { Secretary, Miss FRED A. BRAUN,
D. C. 2001 I Street,
Washington, D. C.

Delegate.....MISS FRED A. BRAUN.

Erie County Hospital, Buffalo..... { Secretary, Miss F. A. DARK,
The Erie County Hospital,
Buffalo, New York.

Delegate.....MISS ADELE SWAIN.

Farrand Training-School, Detroit..... { Secretary, Miss LULU B. DURKEE,
219 East Hancock Street,
Detroit, Michigan.

Delegates.....MISS LULU B. DURKEE, MISS ANNIE E. BETTYS.

Faxon Hospital, Utica..... { Secretary, Miss SARAH A. WOGLUM,
97 Lenox Avenue,
Oneida, New York.

Delegate.....MISS SARAH A. WOGLUM.

Freedmen's Hospital, Washington..... { Secretary, Miss M. A. THOMAS,
1636 O Street N. W.,
Washington, D. C.

No delegate.

Garfield Memorial Hospital, Washington..... { Secretary, Miss GEORGINA GRAHAM,
"The Victoria,"
Washington, D. C.

Delegate.....MARY C. GANNON.

German Hospital, Brooklyn..... { Secretary, Miss ELIZABETH PHILLIPS,
255 Lafayette Avenue,
Brooklyn, New York.

No delegate.

German Hospital, New York City..... { Secretary, MISS KATE MARTENSEN,
1107 Lexington Avenue,
New York City.

Delegate.....MISS FRED A. HARTMANN (2 votes).

Germantown Dispensary and Hospital, Phila- { Secretary, Miss JANE M. BEIDELMAN,
delphia 1704 St. Paul Street,
Wayne, Philadelphia.

Delegate.....MISS HELEN COTTER.

Grace Hospital, Detroit..... { Secretary, Miss ALBA RANSOM,
Grace Hospital,
Detroit, Michigan.

Delegate.....MISS FRANCES S. DRAKE.

Hahnemann Hospital, Chicago..... { Secretary, Miss GENEVIEVE KIDD,
6034 Greenwood Avenue,
Chicago, Illinois.

No delegate.

Hahnemann Hospital, Philadelphia..... { Secretary, Miss ANNA R. WORRELL,
St. Luke's Homeopathic Hospital,
North Broad Street, Philadelphia.

Delegate.....MISS ANNA R. WORRELL.

Hartford Hospital { Secretary, Miss SARAH L. HARRISON,
771 Asylum Avenue,
Hartford, Connecticut.

Delegates.....MISS EDNA FOLEY, MARTHA WILKINSON.

Hope Hospital, Fort Wayne..... { Secretary, Mrs. M. S. ELLIOTT,
Hope Hospital,
Fort Wayne, Indiana.

Delegate.....MISS MARY DYBLE.

- Hospital of the Good Samaritan, Los Angeles, California. { Secretary, Miss PEARL E. MATTHEWS,
949 West Seventh Street,
Los Angeles, California.
No delegate.
- Hospital of the Good Shepherd, Syracuse..... { Secretary, Mrs. HARVEY D. BURRILL,
1602 S. State Street,
Syracuse, New York.
Delegate.....MISS IRENE M. JOHNSON.
- House of Mercy, Pittsfield, Massachusetts..... { Secretary, Miss MARGARET A. MASTERSON,
33 Richmond Avenue,
Pittsfield, Massachusetts.
Delegate.....MISS ANNA G. HAYS.
- Illinois Training-School, Chicago..... { Secretary, Mrs. CASSIUS D. WESTCOTT,
5735 Washington Avenue,
Chicago, Illinois.
Delegates.....ISABEL McISAAC, JEAN WILSON, GRACE WATSON, MINNIE H. AHRENS, MATHILD KRUEGER, K. DE WITT (6 votes).
- Indianapolis City Hospital..... { Secretary, Miss SARAH E. EARNEST,
2427 Brookside Avenue,
Indianapolis, Indiana.
Delegate.....MISS EDNA HUMPHREY.
- Jefferson Medical College Hospital, Philadelphia { Secretary, Miss OLIVE E. MOCUMBER,
Jefferson Hospital,
Philadelphia.
No delegate.
- Jewish Hospital, Cincinnati { Secretary, Miss GERTRUDE R. BRYAN,
2118 St. James Avenue,
Cincinnati, Ohio.
No delegate.
- Jewish Hospital, Philadelphia { Secretary, Miss REBECCA R. HALSEY,
6043 Germantown Avenue,
Philadelphia.
Delegate.....MISS FLORA B. LOVESTEIN.
- Johns Hopkins Hospital, Baltimore { Secretary, Miss GERTRUDE MILLER,
1123 Madison Avenue,
Baltimore Maryland.
Delegates.....MISS REBA THELIN, MISS E. B. BARWICK,
MISS B. F. SCHEUBE, MISS F. M. MANSON (6 votes).
- Kings County Hospital, Brooklyn..... { Secretary, Miss ROBERTA E. GEGG,
Kings County Hospital,
Brooklyn, N. Y.
Delegate.....MISS HELEN L. BAILEY.
- Lakeside Hospital, Cleveland..... { Secretary, Miss BERTHA M. FLOHR,
Lakeside Hospital,
Cleveland, Ohio.
Delegate.....MISS LOTTIE DARLING (2 votes).
- Lebanon, New York { Secretary, Miss MARGUERITE J. CLANCY,
1053 Finton Avenue,
New York City.
Delegate.....MISS MARGUERITE J. CLANCY.
- Long Island College Hospital, Brooklyn..... { Secretary, Miss JESSIE E. WILEY,
128 Pacific Street,
Brooklyn, N. Y.
Delegates.....MISS MATHILDA DECKER, MISS ANNA DAVIDS (3 votes).
- Maine General Hospital, Portland..... { Secretary, Miss ANGELIA A. PIERCE,
610 Congress Street.
Portland, Me.
Delegate.....MRS. ELIZABETH SPOFFORD (2 votes).
- Maryland General Hospital, Baltimore { Secretary, Miss ADA R. ROSENTHAL,
1705 Harlem Avenue,
Baltimore, Md.
Delegate.....MISS VIRGINIA B. LORENTZ.
- Maryland Homeopathic Hospital, Baltimore { Secretary, Miss LILLIE KOHLMAN,
1011 Arlington Avenue,
Baltimore, Md.
No delegate.

- Massachusetts Homeopathic Hospital, Boston .. { Secretary, Miss CARLOTTA A. MARSHALL,
Vose Hall,
Stoughton Street, Boston.
Delegate.....MISS CARLOTTA A. MARSHALL (2 votes).
- Massachusetts State Hospital, Tewksbury..... { Secretary, Miss JESSIE W. MICKLE,
Tewksbury, Mass.
Delegate.....MISS HELEN A. WEST.
- Methodist Episcopal Hospital, Brooklyn { Secretary, Miss MARGARET CULBERT,
503 Tenth Street,
Brooklyn, N. Y.
Delegates.....MISS VICTORIA ANDERSON, MISS LILLIAN L. WATERMAN.
- Methodist Episcopal Hospital, Philadelphia { Secretary, Miss JENNIE G. WICK,
16 South Sovereign Avenue,
Atlantic City, N. J.
Delegate.....MISS JENNIE W. MICK.
- Metropolitan Hospital, New York { Secretary, Mrs. HENRIETTA McGUIRE,
211 West 101st Street,
New York City.
Delegate.....MRS. HENRIETTA McGUIRE (2 votes).
- Mercy Hospital, Chicago..... { Secretary, Miss STELLA JOHNSON,
3027 Indiana Avenue,
Chicago, Ill.
No delegate.
- Michael Reese Hospital, Chicago { Secretary, Mrs. MAY BACHE,
1008 East Sixtieth Street,
Chicago, Ill.
Delegate.....MISS E. DEAN SMITH.
- Mt. Sinai Hospital, New York { Secretary, Miss BERTHA KRUEER,
635 Park Avenue,
New York City.
Delegates.....MISS BERTHA KONER, MISS JULIA CORRELL (3 votes).
- National Homeopathic Hospital, Washington ... { Secretary, Miss MARY E. FOWLER,
1231 New Jersey Avenue,
Washington, D. C.
No delegate.
- New England Hospital, Roxbury { Secretary, Miss D. HODGINS,
13 Drinock Street,
Roxbury, Mass.
Delegate.....MISS MARGARET J. WRIGHT (2 votes).
- New Haven Hospital, Conn { Secretary, Mrs. ISABELLA A. WILCOX,
Pine Meadow, Conn.
Delegate.....MRS. ISABELLA A. WILCOX.
- Newport Hospital { Secretary, Miss EDITH A. BABCOCK,
2 Parkman Place,
Dorchester, Mass.
No delegate.
- Newton Hospital..... { Secretary, Miss JANET HAMMINGTON,
30 Pearl Street,
Newton, Mass.
Delegate.....MISS EMMA A. DOE.
- New York City Hospital..... { Secretary, Miss MARTHA E. BOLLERMAN,
125 West Twenty-First Street,
New York City.
Delegate.....MRS. W. J. MITCHELL (4 votes).
- New York Hospital..... { Secretary, Miss MARTHA M. RUSSELL,
447 West Fifty-Ninth Street,
New York City.
Delegates.....MISS MARGARET G. JENKINS, MRS. C. V. TWISS.
- New York Post-Graduate Hospital..... { Secretary, Miss GERTRUDE E. SELDEN,
167 East Sixty-Ninth Street,
New York City.
Delegates.....MISS MARGARET ANDERSON, SARAH J. GRAHAM,
GERTRUDE E. SELDON, ELEANOR B. BROWN.
- North Adams Hospital..... { Secretary, MISS ANNIE MOSSIP,
25 Arnold Place,
North Adams, Massachusetts.
No delegate.

- Old Dominion Hospital, Richmond, Va..... { Secretary, MISS ELIZABETH R. P. COCKE,
Box 22, Bon-Air,
Virginia.
Delegate.....MISS ELIZABETH R. PRESTON COCKE.
- Orange Memorial Hospital..... { Secretary, Miss ANNA E. GREATSINGER,
449 Main Street,
Orange, New Jersey.
Delegate.....MISS ELIZABETH PIERSON (3 votes).
- Pasadena Hospital, Pasadena, California..... { Secretary, Miss EMMA E. CLARK,
931 Cypress Avenue,
Pasadena, California.
No delegate.
- Paterson General Hospital..... { Secretary, Miss JEAN M. MACDONALD,
211 Park Avenue,
Paterson, New Jersey.
Delegate.....MISS E. HUDSON.
- Pennsylvania Hospital, Philadelphia..... { Secretary, Miss EMMA C. LINDBERG,
Pennsylvania Hospital,
Philadelphia, Pennsylvania.
Delegates.....MRS. FREDERICK HENDERSON, MISS MARGARET GORDON.
- Philadelphia Hospital { Secretary, Miss M. LOUISE VAN THYUNE,
425 Vine Street,
Philadelphia.
Delegates.....MRS. M. P. WARMUTH, MISS A. RINDLAUB (4 votes).
- Philadelphia Polyclinic Hospital..... { Secretary, Miss M. EVELYN WALKER,
Polyclinic Hospital,
Philadelphia.
No delegate.
- Pittsburg Homeopathic Hospital { Secretary, Miss WILHELMINA DUNCAN,
43 Federal Street,
Pittsburg, Pa.
Delegates.....WILHELMINA DUNCAN, LAURA S. NOYES.
- Presbyterian Hospital, New York..... { Secretary, Miss MARGARET A. BEWLEY,
1041 Lexington Avenue,
New York City.
Delegates.....MISS J. M. NEWHART, MISS ELIZABETH RUSSELL (3 votes).
- Presbyterian Hospital, Philadelphia..... { Secretary, Miss FLORENCE LONGENECKER,
57 North Thirty-Ninth Street,
Philadelphia.
Delegates.....MISS JENNIE A. MANLY, MISS HULDAH RANDALL (3 votes).
- Protestant Episcopal Hospital, Philadelphia..... { Secretary, Miss MARY J. HILL,
416 South Fifteenth Street,
Philadelphia.
Delegates.....MISS ANNA C. NEDWILL, MRS. NELLIE F. CROSSLAND (3 votes).
- Providence Hospital, Washington..... { Secretary, Miss EVELYN B. RIDGWAY,
1322 Columbia Road,
Washington, D. C.
Delegate.....MISS EVELYN B. RIDGWAY.
- Provident Hospital, Chicago..... { Secretary, Miss NETTIE E. BUTLER,
3212 Indiana Avenue,
Chicago, Ill.
Delegate.....MISS EFFIE V. HOFFMANN.
- Reading Hospital { Secretary, MISS SARA M. GREEN,
933 North Fifth Street,
Reading, Pa.
No delegate.
- Rhode Island Hospital, Providence { Secretary, MISS MARIETTA C. GARDWIN,
97 Angell Street,
Providence, R. I.
Delegates.....MISS WINIFRED L. FITZPATRICK, MISS BERTHA G. PERRY.
- Rochester City Hospital..... { Secretary, MRS. MARY L. ST. JOHN,
580 Main Street, E.,
Rochester, N. Y.
Delegate.....MISS CORNELIA AYERS (2 votes).
- Rochester Homeopathic Hospital { Secretary, MISS HELEN WINANS,
224 Alexander Street,
Rochester, N. Y.
No delegate.

- Roosevelt Hospital { Secretary, MRS. GRACE R. EPPES,
Hartsdale, N. Y.
Delegate.....MISS LOUISE C. MASSON (2 votes).
- Salem Hospital..... { Secretary, MISS ELEANOR HOLLAND,
7 Federal Street,
Salem, Mass.
No delegate.
- St. Barnabas Hospital, Minneapolis { Secret'y, MISS CARRIE M. RANKIELLOUR,
121 South Eleventh Street,
Minneapolis, Minn.
Delegate.....MISS CHARLOTTE A. ROBERTS.
- St. Joseph's Hospital, Chicago..... { Secretary, MISS EMILY R. SEXTON,
263 Webster Avenue,
Chicago, Ill.
No delegate.
- St. Joseph's Hospital, Paterson { Secretary, MISS ISABEL McDONALD,
711 East Eighteenth Street,
Paterson, N. J.
No delegate.
- St. Joseph's Hospital, Philadelphia { Secretary, MRS. M. T. NAILLE,
5246 De Lancey Street,
West Philadelphia.
Delegate.....MISS ELIZABETH G. ALBERT.
- St. Luke's Hospital, Chicago..... { Secretary, MRS. HERMAN D. PETERSON,
1800 Michigan Avenue,
Chicago, Ill.
DelegatesMISS EVA A. MACK, MISS E. G. DEAN, MISS MARY FORBES.
- St. Luke's Hospital, New Bedford..... { Secretary, MISS HARRIET M. CREED,
33 Arch Street,
New Bedford, Mass.
Delegate.....MRS. LEONILDA F. LOWRY.
- St. Luke's Hospital, New York { Secretary, MISS M. L. DEWILDE,
86 Park Avenue,
New York City.
Delegate.....MISS MAY FARR (3 votes).
- St. Luke's Hospital, San Francisco..... { Secretary, MISS EMMA S. FULLER,
St. Luke's Hospital,
San Francisco, Cal.
No delegate.
- St. Luke's Hospital, South Bethlehem..... { Secret'y, MRS. H. THRELKELD-EDWARDS,
Fourth Street,
South Bethlehem, Pa.
No delegate.
- St. Luke's Hospital, St. Paul..... { Secretary, MISS MARY WOOD,
609 Baltimore Building,
St. Paul, Minn.
Delegate.....MISS MARY WOOD.
- St. Mary's Hospital, Brooklyn..... { Secretary, MISS LILLIAN WARDE,
905 Union Street,
Brooklyn, N. Y.
Delegate.....MISS MARGARET McCARTHY.
- St. Mary's Hospital, Detroit, Mich. { Secretary, MISS EDNA MARTIN,
St. Mary's Hospital,
Detroit, Mich.
Delegate.....MRS. ELIZABETH MAHON.
- S. R. Smith Infirmary, New Brighton..... { Secretary, MISS MARY GRIGG,
14 Westervelt Avenue,
New Brighton, S. I.
No delegate.
- State Hospital of the Northern Anthracite Coal { Secretary, MISS HARRIET B. GIBSON,
Region of Pennsylvania, Scranton State Hospital,
Scranton, Pa.
No delegate.

- Toledo Hospital..... { Secretary, MISS MEDORA L. COTTON,
1923 Vermont Avenue,
Toledo, Ohio.
Delegate.....MISS MEDORA L. COTTON.
- Union Benevolent Association Hospital, Grand Rapids..... { Secretary, MISS MARY L. SIMM,
Care of U. B. A. Hospital,
Grand Rapids, Mich.
Delegate.....MRS. KATHERINE McDONALD.
- Union Protestant Infirmary, Baltimore..... { Secretary, MISS W. T. LOWER,
Union Protestant Infirmary,
Baltimore, Md.
Delegate.....MISS ISABEL C. BRECKINRIDGE.
- University of Maryland Hospital, Baltimore.... { Secretary, MISS MARGARET S. BROWN,
3 West Mount Vernon Place,
Baltimore, Md.
Delegate.....MISS MARY E. ROLPH (2 votes).
- University of Michigan Hospital, Ann Arbor.... { Secretary, MISS FANTINE PEMBERTON,
620 Forest Avenue,
Ann Arbor, Mich.
Delegate.....MISS MARY C. HAARER.
- University of Pennsylvania Hospital, Philadelphia..... { Secretary, MISS NELLIE M. CASEY,
814 South Tenth Street,
Philadelphia, Pa.
Delegates.....MISS KATHARINE E. DAMM, MISS LYDIA V. GIBERSON (3 votes).
- Virginia Hospital, Richmond..... { Secret'y, MISS AGNES DILLON RANDOLPH,
914 West Grace Street,
Richmond, Va.
Delegate.....MISS EDITH STANDISH BEILSTEIN,
1600 West Fifty-First Street,
Chicago, Ill.
- Wesley Hospital, Chicago..... { Secretary, MISS MAUDE J. McMULLEN,
124 North Linden Avenue,
Pittsburg, Pa.
Delegates.....MISS ELIZABETH REED, MISS LEIGH O. THOMPSON.
- West Side Hospital, Chicago..... { Secretary, MISS MARGARET E. DAVIDSON,
335 Eastwood Avenue,
Chicago, Ill.
No delegate.
- Wilkesbarre City Hospital..... { Secretary, MISS EMMA LEWIS,
354 South Main Street,
Wilkesbarre, Pa.
No delegate.
- Williamsport Hospital..... { Secretary, MISS R. ELIZABETH SWEELY,
436 Edwin Street,
Williamsport, Pa.
No delegate.
- Worcester City Hospital..... { Secretary, MRS. FRANK STOWELL,
212 West Boylston Street,
Worcester, Mass.
No delegate.

[The addresses of secretaries of State Associations will be found in the regular Official Directory at the back of the magazine.]

- California State Nurses' Association, The
Delegate.....MISS GENEVIEVE COOKE.
- Colorado State Trained Nurses' Association,
No delegate.
- District of Columbia, The Graduate Nurses' Association of
Delegate.....MISS ANNA J. GREENLEES.
- Indiana State Nurses' Association, The
Delegate.....MISS MARY B. SOLLERS.
- Illinois State Nurses' Association, The
Delegate.....MISS MINNIE H. AHRENS.
- Iowa State Association of Graduate Nurses.
Delegate.....MISS GRACE E. BAKER.

Maryland State Association of Graduate Nurses, The
 Delegate.....MISS MARY C. PACKARD.
 Massachusetts State Nurses' Association, The
 Delegate.....MISS M. E. P. DAVIS.
 Michigan State Nurses' Association, The
 Delegate.....MISS A. M. COLEMAN.
 New York State Nurses' Association, The
 Delegate.....MISS FRIDA L. HARTMAN.
 North Carolina State Nurses' Association, The
 Delegate.....MISS MARY L. WYCHE.
 Ohio State Nurses' Association, The
 Delegate.....MISS EMMA A. DOE.
 Pennsylvania, The Graduate Nurses' Association of the State of,
 Delegate.....MISS ANNA E. BROBSON.
 Virginia, The Graduate Nurses' Association
 Delegate.....MISS M. EVELYN BRYDON.

TOTALS.

108 Alumnae Associations,
 14 State Associations,
 126 Delegates,
 167 Votes.

THE PROCEEDINGS OF THE NINTH ANNUAL CONVENTION

DETROIT, MICH., JUNE 5, 6 AND 7, 1906

Tuesday, June 5

Eight A.M.—Presentation of credentials, registration of delegates and payment of annual dues.

At three P.M. the president took the chair, saying: "Our meeting will be opened by prayer by the Rt. Rev. Charles D. Williams, D.D., Bishop of Michigan."

Invocation.—Bishop Williams.

THE PRESIDENT.—In the absence of the mayor of the city, who has been unavoidably called out of town, the address of welcome will be given by Alderman Heinemann for the mayor.

ALDERMAN HEINEMANN.—*Mrs. President and Ladies of the Convention:* I beg to assure you at the outset that your presiding officer does not properly designate what I am about to say in speaking of it by the dignified appellation of an address. I have been asked, in the absence of the mayor, to come up here and say a word of welcome to this convention. The mayor,—I will take advantage of his dereliction,—is a bashful man, and afraid of the ladies, so he didn't come; and while I say that I myself am not personally afraid of the ladies, I will confess this much, that I feel like emulating the example of the good bishop when I look upon this convention, and begin to say my prayers, too.

What need of any word of welcome on behalf of the City of Detroit to such a convention as this one is? Indeed, is there any place in this wide world where women engaged in the work you have been about, and are to do here, should need to be welcomed?

We call Detroit a great manufacturing city, a city of many and diversified industries, and 'most every day we have a convention here which it is the privilege of some official or other to welcome to the city of conventions, and of manufactories, and things of that kind. But what, indeed, are the products of those bodies compared with the product that you are turning out from your hearts and hands and brains every day, or is there an organization so glorious and useful as a convention of nineteenth-century trained nurses?

It is not because there is any feeling upon the part of the city herself that a welcome to you is required, but I might say it is simply to indicate by a brief word the honor the city feels to have a convention of this kind within its borders. You are assembled on a site unusually well devoted to service of the highest kind. Churches of various denominations have stood on this site for more than half a century. You are welcomed here in a building which is devoted to good works, which are the very essence of true religion. Yet nothing has ever transpired here, no prayer that has ever been offered in exultation or song that has ever gone forth or can evermore, to make this more hallowed ground than the assemblage of such a convention and of such workers as are represented here on this floor.

Permit me to say, Mrs. President, to you and every one of the delegates and

visitors, that the City of Detroit feels honored in having you here and in welcoming you. That your work will be successful and useful in every respect no one will doubt, from a perusal of your program and from the earnestness with which every person knows your work in the past has been accomplished.

Let me say just this one word for the City of Detroit. You will be interested because it bears upon the line of your work. It is a city whose death-rate and whose sick-rate can be favorably compared with any city in the country. And more than that. It is a city of happy and contented people. Why is that? Simply because we watch our people so. As you go in and out of our streets you will find parks, a beautiful river, boulevards and spots for the people to rest from their labors. It is that that makes strikes in it almost an unknown thing. The report for the last year indicates but one strike in the City of Detroit for a year and a half past. It is because we have a contented people, and we are proud to say we are a city of workers and of happy and contented workers. We extend to you, in connection with your work, something of that relaxation that makes our people and city successful,—we welcome you not only to the labors on your program, but to everything that is uplifting and beautiful and exhilarating in and about our city, and trust you will go feeling amply paid for your stay with us. That your convention will be a successful one is the wish of every one of the four hundred thousand men, women and children of the City of Detroit, and that your visit here will be equally pleasant. We hope you will enjoy yourselves while you are here and take away such an impression of Detroit that, when you are through laboring and your vacations come around, you will desire to spend your leisure with us and become a part of the City of Detroit. You are all, each and every one of you, heartily and cordially welcome.

THE PRESIDENT.—We also have the pleasure of listening to an address of welcome from Mrs. Robert J. Service, President of the Twentieth Century Club of Detroit.

MRS. SERVICE.—*Madam President and members of the assemblage:* It gives me very great pleasure, indeed, although I am quite overwhelmed to appear upon a platform with these dignitaries, to welcome you formally yet warmly in the name of the thousands of women of Detroit. You are doubtless aware that the men will admire and praise you, but the women will appreciate you.

I have a confession to make to you this morning, that it has been only by slow degrees that I have gained any real knowledge of the work, life and character of a trained nurse. A good many years ago, when I was a school girl, I read, as school girls do, a great many books which were not true to nature and life, and I question whether they were not on the whole quite as good as the realistic style to which we have lately given our attention. At any rate they presented to the mind, if not real characters, ideal characters; and one of those characters most frequently presented was that of the woman who in time of sickness was the best friend of the patient, who spent her time sitting around the bedside, and with her cooling hands smoothing back the locks from the heated brow. I confess that appealed to me very strongly; and at times, in my youthful days, my ideals wandered between the physician and the trained nurse.

My mind was called from that ideal when my first experience began. In response to my attempt to smooth his locks he gave a sort of growling request to be let alone. But it remained for an experience in my own home to teach me that a nurse does not do very much of sitting by the bedside, but is constantly trying to do something for the comfort or pleasure of the patient.

One of my earliest experiences with a real trained nurse happened to be with a

lady who had been trained in a school of deaconesses in Germany. I don't know whether many of you know anything about that school. I knew nothing of it, and listened with very great interest to her account of the order of deaconesses who were called sisters, and especially to her own experience when, on the very greatest day of her life, she received from the hands of the German Empress her diploma, a commission to enter this order. She took her diploma and went out in the world in a halo of glory, raised above the frivolities of this life and almost above this mundane sphere, not only in her own estimation, however, but in the estimation, apparently, of those to whom she ministered.

Many of you have been welcomed to the sickroom with open arms, as you always are, and after forty-eight hours or more of constant watching and work, when you have suggested you would like a little rest, have been met with the reminder that they thought you were there to take care of the patient, and that it was supposed rest and fresh air in some way were not essential for a trained nurse.

I can only repeat what Mr. Heinemann said to you this afternoon in extending to you a cordial welcome to the City of Detroit ; and we will still leave you time to eat and sleep.

THE PRESIDENT.—*Ladies and Gentlemen:* I wish to express our full appreciation of the kind words of welcome we have received this afternoon. We are all glad to be here, and we surely appreciate the hospitality of the people of Detroit. The nurse's duties are rather serious at times, and these relaxations are a benefit to her. We are a new profession. There are many members of our association now living who are among the first trained nurses of the country. We have found some estimation in the eyes of the people as ministering angels, and we are recognized as necessary in that capacity, and of value to the community in many other places, but we are striving to demonstrate that trained nurses can do their part in other situations. We are wanted now as probation officers in the courts, we are appointed house inspectors, we are chasing the little microbes in all their lairs, and we are trying to take care of the well as well as the sick. May we be received as health nurses as well as sick nurses.

I am sure in expressing our appreciation of our welcome here to this beautiful city of happy homes and healthy surroundings we can have no better wish for the people of Detroit than that as we strive more efficiently to care for their sick they may still the less need our services.

ADDRESS BY THE PRESIDENT

FELLOW-MEMBERS: No greater pleasure, I am sure, comes to many of us than the meeting in these annual gatherings of the Nurses' Associated Alumnae, growing each year in numbers and in interest, and full of enthusiasm, as each year we press forward and upward in our work with a clearer vision and with a broader horizon, so that former boundaries that shut us in now seem but as a part of the plain below. We have had to climb for our experience, but with the effort has come freedom and breadth of vision, "for those who see farthest see also all that lies between."

Time is an essential element in the development of strength and

character in the individual, and the same is also true of the organization or union of individuals. We all have an important duty to perform in the promotion of our ideals. The Association is not the essential property of the president or officers, nor are they wholly responsible. The constant personal interest of all the members is needed, not merely as spectators but as coöperative workers. It has been said that women are unused to team play or responsibility, and we need to develop this spirit of coöperation. The broadening out means more burdens and more self-sacrifice, but, with confidence in our members and assurance that each will do her part, we can say that the years that lie before us will be years of service and bright promise as have been the past.

We are here to-day because others have been and have wrought before us. They in their day did their work "obedient to the vision" before them, and each year new workers join us to help in the development of this great profession of ours, of which in this broad land we stand the representatives.

We welcome to-day six State Associations into affiliation. One from a state in the far west bearing to-day its burden of sorrow and loss, but with the noble spirit of all its men and women,—that *nil desperandum* spirit, inherent, as its president says, in every native daughter, rising above disaster, with strengthened purpose to nobler and greater work. One joins us from the southland with its own peculiar nursing problems, but the first among us to secure state registration. The others, some but lately organized, but each and all bringing their messages, their plans, their enthusiasm, and their assistance, to the mother organization. To these, with all the new associations of alumnae members, who are joining with us in furthering the efficient care of the sick, and advancing the educational standards of the nursing profession, we extend a hearty welcome. We meet here as a deliberative body, not a legislative, to discuss the matters which affect us as a profession, as women whose vital interest should be the health and the welfare of the nation. We meet that we may still broaden our outlook and be drawn into the fuller current of life out of our isolation and our self-interests, and gain the inspiration and stimulus which we feel each one of us needs.

What are some of the questions which are agitating the nursing world to-day? First of all, perhaps, state registration, which has been secured in eight of our States, in South Africa, in New Zealand and Australia, and lately in Germany, and which seems a little nearer adoption in England.

We hope at this meeting to have reports of the progress made

by our affiliated state societies in this direction, and we hope also to give opportunity for informal discussion on matters of detail in our state work, formulation of uniform standards and rules, and for some practical suggestions to those who are in perplexity and encountering opposition in their work. In these efforts towards advancing and regulating our profession let all take part, not considering inclination, but duty; not offering criticism, but assistance; not silent when we should use our voices, nor idle when there is work to be done; each assuming her due share of responsibility, and all working together for the good of the whole, with clear sight as to our aim and vigorous determination as to action. In this extremely practical age we are often not inclined to listen to ideas of a not immediately practical nature. But are not these often the very ones which count most of all in our life? Our national organization should constantly keep before us an ideal. We want to develop the spirit of efficiency and to meet with success, but we want also to remember that these are only the means to the attainment of an end. Our aim! What should it be? To bring intelligent knowledge and service to bear upon the prevention of disease, and ability and willingness to give proper and efficient nursing care to all our sick in all the homes and all the institutions of our land. Does it occur to us that our opportunities and our resources, unless they are made the most of, become our reproach instead of our pride? We are proud of our foundations, our history, our accomplishments and our acquiescent acceptance by the public, but let us, too, be working, working to make our real accomplishments the greater.

With the increase of our privileges there must be a growing sense of our responsibility as nurses. Can we say to the public that, as registered nurses to whom the state has certified it considers us efficient women fully fitted to care for its sick, that it is only its rich sick who can pay us well, and its poor sick who can pay us nothing, that we will undertake to nurse? Between them lie a great multitude entitled to the same nursing care as their richer and poorer brethren, but little attempt has been yet made to meet the needs of this large section of the community. Many suggestions have been made, but little definitely has as yet been worked out.

A suggestion has been made that hospital accommodation might be provided by the setting aside of a number of wards for the reception of patients able to pay a certain sum, and be supported in part by annual contributions given in consideration that the subscribers should be entitled to be admitted as patients upon further payment of a small weekly sum. This plan might be helpful to a large number

now unable to enter as pay patients and unwilling to enter the free wards. It might also increase the number of subscribers. In these wards, too, might there not be opportunity to give the nurse special training for private duty and time for the little attentions which we are told the rush and work of the large hospital ward do not permit?

A home coöperative scheme has also been suggested by an English nurse, similar to that of the hospital plan, by the formation of a coöperative society of subscribers paying a fixed sum annually, whether sick or well, entitling them to the services of a nurse in sickness. This could be organized in connection with a nurse's registry, or independently, the nurses paid a fixed salary and boarding themselves when not at cases. Another plan being tried in one or two cities is that the nurse lowest on the registry list shall be sent to families unable to pay the highest fees, and being replaced as she rises to the top of the list.

The most feasible plan at present seems to be the system of hourly or visiting nursing. There are many places now where in this way a nurse is proving that her attentions for an hour or two daily are of inestimable benefit and where her services would not be called for in any other way. The great difficulty of providing accommodation for the nurse in city flats or small houses is often so great as to necessitate dispensing with her services altogether even if it were possible to pay for them. There seems no reason why the nurse should not make her daily calls as well as the doctor, and have the possibility of her own home and home life, which are so essential to her well-being. Cannot much of the dissatisfaction with private nursing and criticism of nurses be traced to this fact,—the crushing of her individuality? She is considered as a nurse, not a woman. Nursing, the work of women through all the ages, in mediæval times the vocation of a chosen few, in these latter days one of the earliest openings for women to independence, still clings to the mediæval idea of community life and rules for the nurse in training, and as one of the domestic attachments when her services are needed in the home. The conditions of her work both before and after graduation are so narrowing, so lacking in opportunity for contact with others, for friendship and living the normal free life of other women, that no wonder so many become dissatisfied with what is truly one of the most noble occupations for women.

We hope that some plan may be presented at this meeting which will meet a very real need, to give efficient nursing to those who need the services of the nurse, and are willing to pay according to their ability for them.

The spread of district nursing might be touched upon and the need of the institution of a systematic and comprehensive arrangement for the training of district nurses. With the possibility of the Hospital Economics course no longer needing our financial support, may we not bend our energies and give our means to establish in connection with one or more of our well-organized district nursing associations, a school where graduate nurses may be trained in district nursing during a six-months or one-year's course? So much is involved in the work, so much need of practical experience, so much knowledge of social conditions and ability to cope with the problems daily arising, that it is pitiable to see how often time, energy, money, and a woman's life are misspent for lack of this training. Working side by side and under the direction of experienced workers, learning their methods, being gradually introduced to and recognizing the value of coöperation, the right relation can be established and more effective work accomplished. From this school, workers might be sent to new fields of work without crippling the society, and women with valuable experience and ability become the pioneers in these fields rather than the women who have served no apprenticeship in this tremendously responsible field of nursing work.

Our training-schools, too, might add to their long lists of lectures a few on the causes of moral and physical deterioration, and the loss of life and ability to cope with life's problems caused by child labor and the unsanitary conditions of living and working of so many patients brought to our hospitals; the life of the poor in our tenements, in its moral, physical and social aspects, and the causes underlying the effects which we see there; just a little time to learn the causes of all this sickness, how much of it is preventable as well as remediable, and not have it accepted as a matter of course.

As a body of professional women, who have undertaken the task of regulating the future status of nurses, it must be our responsibility also to study the whole question of the nurse's education, and to take an interest in the future of nurses yet untrained. Our state registration laws mean more than the registration of graduates; we must stand for and exact a certain standard of requirements from the schools which are preparing the nurses of the future, a definite and faithfully carried out system of instruction (not merely on paper as a possibility or future hope) by fully equipped and paid instructors, with classes and lectures given at proper hours, with sufficient vacation and hours of rest to keep up the nurse's fitness for her work. A great many of our nurses are trained for the work of the hospital and not for the work which most of us have to do after leaving it.

The experience which we need is not to be gained by sending nurses out to private duty, but by lessening the ward work, the display work, and many of the unnecessary services demanded by the extravagance of the operating-room, and economies in other directions, so that more time may be given to little personal attentions to the patients and opportunity to know a little more of their daily lives and surroundings.

Many of our schools are now offering better educational advantages, and we as a profession should hold up their hands and give our support to the women at the head of these schools, who are trying to raise them to a true educational standing.

This old world of ours still suffers, more from charlatanism than from over-training in nursing as well as in other professions. The number of training-schools all over the world is increasing at such a rate that sufficient numbers of probationers cannot be secured to keep the hospitals staffed, and undesirable women from the standpoint of nursing qualifications have to be retained because they cannot be spared from the wards. What sort of medical schools would we have if each hospital could maintain one attended by such students as would be willing to spend thirty-six solid months in the hospital wards, often in the doing over and over again of tasks utterly superfluous to their training, with a smattering and irregular course of theoretical instruction?

If we cannot yet have the large central schools, providing nurses for a number of hospitals, let us strive most mightily for the affiliation of schools each of which will supplement the work of the other.

Let us plead, too, in the days of new ideas regarding woman's position, for a more natural home life for our pupil nurses. In the preparation for other professions now open to women there are no such limitations and restrictions as those which bind the nurse. The conventual mode of life, with its combination of conventual and military discipline, may have been thought necessary in the days when a woman never left the shelter of her home except to enter another or become a member of a sisterhood, but now, when women teachers, women ministers, and doctors, and lawyers, are all successfully entering upon their life's work after a system of preparation entirely different from ours, yet equally equipped for it, while their home life has been controlled by themselves, can we say that our schools are sending out women of greater intelligence or skill, of higher moral character or attainment? Might not every feature of this school life be so organized and directed as to lead the pupil to self-determined habits of thought and action, the policy such as to

stimulate self-direction under the larger freedom supposed to be granted self-respecting women to think for themselves, to morally look after themselves, and so develop the elements of strong character and helpfulness?

It has been said that men first unite to protest against a grievance or resist oppression; the next form is union for the betterment of their own condition; later they come to the stage of altruism or union for the sake of others. Increasing recognition is being given in these days to the solidarity of woman's interests, and the nurse who is asking rights for herself must not forget that to whom much is given of her also much shall be required.

The nurse with her trained skill, her knowledge of conditions, who sees at close range the direct results of these conditions, should be an interested and powerful factor in the work of women for the betterment of the community. She sees the evil effects of child labor, she knows the consequences following the improper care of mother and child in the period of infancy, and the effect upon the mother who continues at work in the mill or the factory up to and following childbirth,—so is not her place among those who are working for the prevention of these ills? There is a great work to be done, and the field is limitless and inviting.

The old ideas are changing with regard to sickness, just as there is a marked alteration in the attitude of people in their conceptions of the causes of poverty. Both have been considered, if not necessary evils, certainly unavoidable ones, and that all our efforts could only be palliative. We preach now the gospel of prevention of sickness, as well as of poverty and pauperism; and in our work we must take cognizance of their fundamental causes, such as ignorance, exploitation of labor and defects in governmental supervision of the welfare of citizens.

A well-known leader in charitable work said recently that if the efforts of the community were to be directed toward the removal of these causes, the time may come when we may begin to contemplate the destruction of charitable institutions, instead of their increase. We find ignorance not only among the poor, but among all classes, of the simplest rules for healthy living, of the proper hygienic and sanitary requirements of the home, and the selection and preparation of food. We find little children working in our southern cotton-mills, in our mines in Pennsylvania, in glass-factories in New Jersey, and in factories in New York and Illinois. When we are called to a mother in a tenement who has broken down striving to support her little family on thirty or fifty cents a day, making the

garments which some of us may later be wearing, can we say this is not our concern, ours only to restore them to their former condition that the work may go on again?

The regulation of buildings in our cities, inspection of houses and factories, pure food laws, laws to safeguard the child, are manifestations of awakened interest toward the necessity of safeguarding our citizens against disease and future inefficiency, and the call comes to us nurses to bring our knowledge and our skill, our interest and our influence, to support all the good work where workers are so badly needed, and to further it with all our strength and earnestness.

May our ideals become realities in our lives, real and rational and vital, bearing witness to those best things in which we desire to live.

May we stand for the best and highest in our schools, for an education which will be the best preparation for the opportunities that await us, fitting us for service wherever there is need.

In striving for that Utopia that men have dreamed of in all the ages, when sickness and sorrow shall be no more known, may we too be of those who count in strengthened purpose, with clearer vision, and adequate conception of the work before us, for "a time like this demands strong minds, great hearts, true faith, and ready hands."

The Secretary read the following telegram from California:

Miss Annie Damer, President Nurses' Associated Alumnae:

California sends greetings and best wishes for successful convention. Heartfelt thanks for kind letter of sympathy and offer of aid.

S. GOTEA DOZIER,
President California State Nurses' Association.

THE PRESIDENT.—We will hear from the committee on arrangements, Mrs. Greter, chairman.

MRS. GRETER.—Madam President and members: Your committee begs leave to present to you the following report: The number of the committee having been left to the choice of the chairman, she selected eight nurses to assist her, making a committee numbering nine. Each member was appointed to act as chairman of, or to serve on, one of the subcommittees, of which there were seven. The subcommittees appointed were: on place of meeting, on entertainment, on hotels and trains, on printing, on registration, and on guides.

These subcommittees were large, practically taking in the whole of the Wayne County Graduate Nurses' Association. The members all worked together in harmony. There was an eager spirit of willingness to help to prepare for the honor of your coming, and the whole movement has been one of joyful anticipation of this event.

The citizens, the press, the clergy, the medical profession, the boards of the hospitals, have all been interested in your coming, and now that you are here we want you to have the best sort of time.

The programs with which you are supplied were paid for by the advertisements. It is but just to acknowledge here the aid that we received in the procuring of advertisements from Mr. J. F. Harts of Detroit. His coöperation and help were invaluable.

The badges of the delegates and permanent members are designated by printing.

The other badges provided are : blue and white for visitors, maize and blue and white, the colors of the Michigan State Nurses' Association, for members of that organization, and plain blue badges for the various local committees.

The guides appointed will be happy to serve in taking you to any of the hospitals, or to any other points of interest you may desire to visit in the city. The entertainments planned for your pleasure you will find listed in the programs, and special announcements will be made and directions given in regard to them from time to time.

Finally, once more, we as nurses welcome you. While it is the pleasure of the Detroit nurses to serve as your hostesses, the importance, as a local event, of your meeting here, is surpassed in what it means to all of the nurses in Michigan, and indeed throughout the Middle West. We have waited long for your coming, and now that you are with us we rejoice greatly, and we open the doors of our hearts to you in hospitality, and bid you welcome as our friends.

Respectfully submitted.

MRS. L. E. GREYER, Chairman,
 MRS. L. A. CHAMBERS,
 MISS AGNES G. DEANS,
 MISS LULU B. DURKEE,
 MISS MABEL M. HEALY,
 MISS MELISSA COLLINS,
 MISS MARTHA AYLESWORTH,
 MISS MARGARET BLUE,
 MISS FRANCES DRAKE,

Committee on Arrangements.

THE PRESIDENT.—If there are no other announcements the meeting will stand adjourned.

Wednesday, June 6

MORNING SESSION

The meeting was called to order at nine thirty o'clock.

The roll-call by the secretary showed one hundred and eight delegates present from alumnæ associations, and thirteen from state organizations.

The secretary then read her report as follows :

MADAM PRESIDENT: Immediately following adjournment of The Eighth Annual Convention of this Association, a meeting of the Board of Directors was held on Friday, May 5, 1905, at the Hotel Shoreham, Washington, D. C.

There were present Miss Damer, president ; Miss Davids, treasurer ; Miss Riddle, Miss McIsaac, Miss Nutting, and Miss Smith, of the Board of Directors, and Nellie M. Casey, Secretary.

According to the by-laws, the Board of Directors appointed the following members as an Executive Committee for the ensuing year : Miss Nevins, Miss Delano, Miss Davids, Miss Riddle and Miss Casey. (The President being an ex-officio member of all committees.)

The following committees were appointed :

Arrangement Committee.—Chairman, Mrs. Lystra E. Greyer, to choose her associates.

Publication Committee.—Chairman, Miss Davids ; with Miss Casey and Miss Thornton.

Eligibility Committee.—Chairman, Miss Harriet Fulmer ; with Miss McIsaac, Miss Nutting, Miss Goodrich and Miss M. E. P. Davis.

Programme Committee.—Chairman, Miss Riddle ; with Miss Palmer, Miss Nevins, Miss Malloy and Miss Rose.

On Wednesday, November 1, 1906, a meeting of the Executive Committee was held at the residence of the president, 217 East Twenty-Seventh Street, New York City. There were present Miss Damer, Miss Delano and Miss Casey. At this meeting it was decided to have a uniform credential, and the secretary was instructed to have credential cards printed and sent to the delegates before the annual meeting.

The following were appointed a committee to map out some plan for the nursing of people of moderate means, and to report at the annual meeting. Chairman, Miss Hollister; with Miss Fredericks and Miss Ellis, associates.

A committee of three members to make arrangements for the transportation of delegates was appointed: Miss Thornton, as chairman; to choose her associates.

The secretary was instructed to write Miss Boardman and ask if she would prepare a paper on the work of the Red Cross society for the annual meeting.

The executive committee recommends that all necessary expenses of committees should be borne by this association, also the expenses to the annual meeting of three of its officers.

On Friday, April 27, 1906, a meeting of the executive committee was held at the residence of the president, 217 East Twenty-Seventh Street. Miss Damer, Miss Davids and Miss Casey were present. The following applications were endorsed: Alumnae Associations of the Hospital of—

The Good Samaritan, Los Angeles, California,
S. M. Smith Infirmary,
City Hospital, St. Louis, Mo.,
City Hospital, Minneapolis, Minn.,
St. Luke's Hospital, San Francisco, Cal.,
State Associations of California, Colorado, Iowa, North Carolina, and Pennsylvania.

At this meeting, there were presented invitations from the state association of San Francisco, California, and from the president and secretary of the alumnae association of the Children's Hospital, San Francisco, to hold the annual convention of this association in 1907 in San Francisco.

The board of directors met on Tuesday, June 5, 1906, at Hotel Cadillac, Detroit, Michigan. Miss Damer, president; Miss Davids, treasurer; Miss McIsaac and Miss Smith, of the board of directors, and Nellie M. Casey, secretary, were present.

It was decided at this meeting to endorse the applications of the alumnae associations of the—

Church Home and Infirmary, Baltimore,
German Hospital, Brooklyn, N. Y.,
Jewish Hospital, Cincinnati, Ohio,
Metropolitan Hospital, New York,
Pasadena Hospital, Pasadena, and
West Side Hospital, Chicago.

The alumnae association of the Lakeside Hospital, Chicago, was dropped from the membership of the Associated Alumnae, in accordance with By-Law xii. Sec. 4, which reads: "Any organization which shall fail to pay its dues for two successive years shall cease to belong to this Association," Lakeside Hospital Alumnae Association being in arrears for three successive years.

The secretary read a letter from the Graduate Nurses' Association of the state of Virginia, inviting this association to hold its tenth annual convention in 1907 in Richmond, Virginia.

A recommendation was made at this meeting to amend Section 2, Article xiv., and Section 1, Article xi., of the by-laws.

The secretary reported the following applications received during the year, and referred to the Eligibility Committee: Alumnae Associations of the—

City Hospital, Minneapolis, Minn.,
City Hospital, St. Louis, Mo.,
Milwaukee Co. Hospital, Milwaukee, Wis.,
Hospital of the Good Samaritan, Los Angeles, Cal.,
St. Luke's Hospital, San Francisco, Cal.,
Metropolitan Hospital, Blackwell's Island, N. Y.,
Pasadena Hospital, Pasadena, Cal.,
Medico-Chirurgical Hospital, Philadelphia, Pa.,
Jewish Hospital, Cincinnati, Ohio,
West Side Hospital, Chicago,
Church Home and Infirmary, Baltimore,
German Hospital, Brooklyn, N. Y.,
Orthopædic Hospital, Philadelphia Pa.,
Cleveland Homeopathic, Cleveland, Ohio,
Grace Hospital, New Haven, Conn.,

John M. Norton Memorial Infirmary, Louisville, Kentucky,
Northwestern Hospital, Minneapolis, Minn.,
Cobb Hospital, St. Paul, Minn.

State Associations:—California, Colorado, Iowa, North Carolina and Pennsylvania.

Respectfully submitted.

NELLIE M. CASEY,
Secretary.

On motion of Miss Graham, seconded by Miss Mitchell, the secretary's report was accepted.

THE PRESIDENT.—We will now hear the report of the treasurer.

THE TREASURER.—I wish to state that after the books were closed, April 30th, I received from the Graduate Nurses' Association of Virginia twenty-five dollars for the JOURNAL fund, which enables us to purchase one more share of stock in the AMERICAN JOURNAL OF NURSING.

REPORT OF TREASURER OF NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES
1905-1906

RECEIPTS

| | |
|---|----------|
| Balance on hand, April 28, 1905..... | \$777.53 |
| Balance Journal Fund, April 28, 1905..... | 15.00 |
| Initiations..... | 80.00 |
| Alumnæ dues..... | 711.30 |
| State Association dues..... | 45.00 |
| Sale of reports..... | 13.05 |
| Subscriptions to Journal fund: | |
| Com. of Arrangements of Convention in Philadelphia, 1904..... | \$100.00 |
| New York Post-Graduate Hospital..... | 10.00 |
| Bellevue Hospital, New York..... | 10.00 |
| Hahnemann Hospital, Philadelphia..... | 10.00 |
| Long Island College Hospital, Brooklyn.... | 10.00 |
| Jewish Hospital, Philadelphia..... | 10.00 |
| New England Hospital, Roxbury, Mass.... | 5.00 |
| Mt. Sinai Hospital, New York..... | 10.00 |
| Phila. Hospital—Alice Fisher Alumnæ..... | 10.00 |
| German Hospital, New York..... | 10.00 |
| Maine General Hospital, Portland..... | 25.00 |
| German town Dispensary and Hospital.... | 10.00 |
| Methodist Episcopal Hospital, Brooklyn... | 10.00 |
| St. Barnabas Hospital, Minneapolis..... | 10.00 |
| Kings County Hospital, Brooklyn..... | 10.00 |
| Garfield Memorial Hospital, Washington .. | 10.00 |
| Interest on Bank Account..... | 260.00 |
| | 16.77 |
| | <hr/> |
| | 1,918.65 |

“\$801.80

Examined and found correct.

BYRON HORTON, Auditor.

May 11, 1906.”

DISBURSEMENTS

| | |
|---|----------|
| Expense of Convention—1905 | \$63.17 |
| Stationery and Printing..... | 48.01 |
| Reports..... | 42.50 |
| Rent of Hall..... | 18.50 |
| President's Expense..... | 20.75 |
| 1st Vice-President's Expense..... | 19.84 |
| 2nd “ “..... | 20.95 |
| Treasurer's Expense..... | 24.70 |
| Secretary's “ (Executive Com.)..... | 23.00 |
| Miss Casey's “ (Director)..... | 34.50 |
| Miss McIsaac's “..... | 25.00 |
| Mrs. J. Van Wagner's Expense (Speaker) . | 8.00 |
| Miss Roger's Expense (Speaker)..... | <hr/> |
| | \$348.92 |
| Expense of Executive Com. 1904-1905..... | 25.85 |
| Expense of Nominating Com. 1904-1905..... | 18.00 |
| Stationary and Postage..... | 24.08 |
| Course of Hospital Economics—Columbia | 100.00 |
| Honorarium paid Miss Mary E. Thornton..... | 200.00 |
| Four shares stock American Journal of..... | 400.00 |
| Nursing..... | 801.80 |
| Balance of Cash on hand April 30, 1906..... | <hr/> |

1,918.65

RESOURCES, APRIL 30th, 1906.

| | |
|---------------------------------|----------|
| Cash on hand—General Fund | \$726.80 |
| “ “ —Journal “ | 75.00 |
| | <hr/> |

Five Shares of Stock in AMERICAN JOURNAL OF NURSING

500.00

\$1,301.80

ANNA DAVIDS, R. N., Treasurer.

THE PRESIDENT.—You have heard the report of the treasurer. Are there any questions you would like to ask in regard to it?

MISS HARTMAN.—I move it be accepted.

Seconded by Miss Earl. The treasurer's report was accepted.

THE PRESIDENT.—The secretary will read the communications received by the association.

The secretary read the following communications:

DENVER, COLORADO, May 12, 1906.

Miss Nellie Casey, Secretary, Nurses' Associated Alumnae of the United States, 814 South Tenth Street, Philadelphia, Pa.

DEAR MISS CASEY: We beg to hand you herewith letters of invitation for the 1907 session of your Association, and we will be glad if you present the same to the proper authorities, and we sincerely hope that the invitation thus extended will be accepted.

Yours very truly,

W. F. R. MILLS,
Secretary.

MAY THE TENTH, 1906.

The Nurses' Associated Alumnae of the United States, in Convention Assembled, Detroit, Michigan.

DEAR MESDAMES: It gives me great pleasure, on behalf of the people of the State of Colorado, to extend to you a sincere and cordial invitation to hold your next convention in Denver, Colorado.

Denver is one of the most progressive cities in the United States, and is an ideal city in which to hold a convention, being equipped with all necessary facilities for the entertainment of guests, and is a beautiful city in every respect.

Lying close to Denver are the great Rocky Mountains. No one should miss an opportunity to visit them. A trip through Colorado is one of pleasure and enjoyment and will be remembered for a lifetime.

Sincerely hoping you will favor Denver and Colorado with your next convention, I am,

Very truly yours,

JESSE F. McDONALD,
Governor.

DENVER, COLO., May 11th, 1906.

Nurses' Associated Alumnae of the United States, Detroit, Mich.

LADIES: In behalf of the city administration, I am pleased to urgently invite your association to hold your 1907 convention in this city. Denver cannot fail to prove an attractive and profitable meeting place for your delegates. Our climate is unsurpassed, and being situated, as we are, at the eastern gateway of the Rocky Mountains, you will not only have a fine view of the range, but may visit all portions of the mountains over scenic railways. The famous mining camps are but a short distance from Denver; while in the city you may inspect our great smelting plants.

It will give this administration much pleasure to coöperate with the commercial bodies in extending to your delegates and their friends our widest and best hospitality.

Hoping that our invitation will be favorably considered, I am,

Very truly yours,

R. W. SPEER,
Mayor.

SAN FRANCISCO, May 29, 1906.

Miss Nellie M. Casey, Secretary of the Nurses' Associated Alumnae of the United States.

DEAR MISS CASEY: On behalf of the Children's Hospital Alumnae of San Francisco, I wish to express our hearty appreciation of the assistance so promptly and generously rendered by Eastern nurses to nurses of our city who lost so heavily in the late disaster.

Your sympathy and help have added strength to the bond already existing between us.

Very sincerely,

IDA SANDERSON,
Acting Secretary of the Children's Hospital Alumnae of San Francisco.

SAN FRANCISCO COUNTY NURSES' ASSOCIATION,
SAN FRANCISCO, May 30th, 1906.

Miss Nellie M. Casey, Secretary Nurses' Associated Alumnae of the United States.

MY DEAR MISS CASEY: It is with deep regret that I have to inform you that I will not be able to act as a delegate to the annual meeting of the Associated Alumnae June 5, 6, 7, this year.

In spite of the calamity which occurred in my native city April 18th I expected, until a week ago, to be with you at this convention, and it is a great disappointment to me not to be present at this interesting reunion.

During the great fire which consumed our city for three days and nights, nearly all our nurses' homes, and many of the best hospitals, were burned. Most of our nurses were on private duty at the time of the fire, and those who were free rushed to the emergency hospitals, and for these reasons the nurses lost all their possessions, many not having even a second uniform.

As nearly all our registries are gone, and as my house was fortunately saved, our County Association decided to establish a temporary Central Directory and Relief Bureau in my home, considering that the best means of assisting nurses at this time. For this reason I feel it impossible, in the present chaotic condition of affairs, to leave the responsibilities of this experimental Central Directory.

We hope, with the money so kindly and generously promised us by various nurses' associations, to be able in a short time to lease and furnish a Home for our homeless nurses. When the emergency work was ended, and their services were no longer required, a large number of our nurses, finding they had no abiding place in San Francisco, drifted away throughout the state. We are very anxious to establish a Home for these nurses, and to encourage their return to what is to us at present the centre of all things.

My own Alumnae of the Children's Hospital, when convinced that my duty was to our County Association in this emergency, called a meeting here and elected Miss Eliza Stevens to represent us at the annual meeting.

Our Alumnae is most anxious to be represented and most desirous that the Associated Alumnae accept our cordial invitation to visit the new San Francisco in 1907. We cannot promise you any ruins then, for with the Californian spirit nothing appears impossible in the way of upbuilding our beloved city.

Thanking the Associated Alumnae for their kind sympathy to us in this time of great distress, and trusting you will have a most enjoyable and profitable session, I remain,

Cordially and fraternally yours,

MARY L. SWEENEY,
Sec't'y S. F. County Nurses' Ass'n.

*THE PRESIDENT.—Before going any further I wish to announce that members of the committee on nominations are placing in your hands the ballots. There is a little misunderstanding in regard to proxy votes. An organization sending delegates may send a proxy vote for its own society through one delegate if it is entitled to more than one vote; but one association cannot delegate another to act as its proxy. So that an association not represented here by its delegates has no vote. Ballots will be received until the opening of the meeting to-night. We will appoint as judges and inspectors, Miss Seldon, New York; Miss Brobson, Omaha; Miss Wilkinson, Hartford, Conn. They will take charge of these ballots, and none will be received after the opening of the evening session.

The reports of the other committees have been submitted to the executive committee. The committee on publication has not done the printing, and has nothing to report. The committee on eligibility has already offered its report to the board of directors. The programme committee's work is before you. Miss Riddle, the chairman of this committee, is unable to be present with us. We also have another committee, which will report now—the committee on purchase of JOURNAL stock. I will ask Miss Greenlees, of Washington, a member of that committee, to read that report.

TO THE NURSES' ASSOCIATED ALUMNÆ: The committee on purchase of JOURNAL stock begs to report that since the last meeting the remaining ten shares have been disposed of, four of which have been purchased by the Associated Alumnæ. The association has also purchased one share from an individual member, making its present ownership six shares. Forty-five shares are now owned by individual members, forty-nine by alumnæ societies, and six by the national association. At the last meeting it was decided to ask the societies to contribute towards the purchase of shares which would become the property of the national. The following responded: Post-Graduate, New York; Bellevue, New York; Hahnemann, Penna.; Long Island College, New York; Jewish, Penna.; New England Hospital for Women and Children; Virginia State Association; Mt. Sinai, New York; Alice Fisher, Philadelphia; German, New York; Maine General; Germantown, Penna.; Methodist Episcopal, Brooklyn; St. Barnabas, Minneapolis; Kings County, Brooklyn; Garfield, Washington, D. C.

Respectfully submitted.

ANNIE DAMER,
Chairman.

THE PRESIDENT.—You see by this report that we are gradually working towards our aim, the ownership of the JOURNAL by our national association. Any questions on this report? Shall we continue this year to purchase one or two or three shares? That is for the action of the association. I think our finances warrant it.

MRS. ROBB.—May I ask how many shares you think our finances warrant purchasing this year, or do you think we should make a special effort to raise special money for the purchase of shares? Shall we refer it back to each association,—to each alumnæ? I don't think it matters particularly which alumnæ receives the shares. There may be some members or certain alumnæ who are anxious to make gifts and can suggest some such gift that can be made. I think personally it would be a good plan to refer it back to the alumnæ to suggest certain means to raise the money. It makes no difference to us how they raise that money. I don't quite like the idea of taking it out of our central fund.

MISS DAVIS.—Very few associations responded last year to the appeal.

MISS HARTMAN.—How could we have a better investment for our surplus funds?

THE PRESIDENT.—That would be impossible for me to answer. We felt there could not be any better investment.

THE TREASURER.—Very few associations responded to the appeal which was made last year that each association contribute ten dollars.

THE PRESIDENT.—There are a number of our associations that have not done anything towards it, and we think they could pay a little.

MISS AHRENS.—I hope this will continue, and let the amount be large or small. Many associations are not able to invest or contribute a full share, but can contribute five or ten dollars and others can contribute more, and thereby we can purchase one or two shares.

MRS. ROBB.—How many shares have we purchased altogether?

MISS PALMER.—The association owns six shares now.

MRS. ROBB.—How many shares are there altogether?

MISS PALMER.—One hundred shares.

MRS. ROBB.—Will you give me the number of shares held by individuals?

THE PRESIDENT.—Forty-five shares are held by individual members and forty-nine by alumnæ associations.

MRS. ROBB.—It seems to me four or five a year is not a very large number; it will take eight or ten years to purchase them at that rate.

THE PRESIDENT.—The treasurer believes it would be a good safe investment.

MISS KRUER.—I make a motion we buy five shares.

MRS. WARMUTH.—I second the motion.

THE PRESIDENT.—It is moved by Miss Kruer and seconded by Mrs. Warmuth that we purchase five shares of stock in the AMERICAN JOURNAL OF NURSING. Any discussion?

MRS. ROBB.—Just one word further upon the question of the shares of stock. I feel from the standpoint of individual alumnae associations, we should have, outside of our own personal affairs,—you might say outside of our own family affairs,—such as looking after our own members, and benefit funds, and after our own alumnae associations, some real responsibilities and something to contribute towards. Some of you have been very generous towards the support of the associated alumnae, but one very important question that has come before us is the question of the feeling for the AMERICAN JOURNAL OF NURSING. These six shares we have this morning cost over five hundred dollars. The five hundred dollars will be paid from our central fund; no particular alumnae association is responsible for it. Yet if we would broaden out and get the most out of our opportunities as nurses we should have personal and individual responsibilities. We ought as alumnae associations to do some special work, try to do some little thing outside of taking care of our own family affairs. I think we are getting too large for that now, and our resources are growing and we could meet other responsibilities as well. I don't mean to take the money out that we need in the treasury, but if we can we should contribute funds to buy certain shares of stock. I would like to hear a little discussion from that standpoint. It is not just voting this morning to buy five shares out of the general fund of this alumnae association. We are trying to aid in a special work when we give towards it.

MISS COOK.—I would like to ask if state associations are allowed to contribute to this fund to buy shares?

THE PRESIDENT.—It has not been done so far. They have the privilege to contribute but not to own stock themselves. So far we have no shares of stock bought by the state societies. It has been the idea to keep it in the hands of the alumnae associations. There is no ruling of the directors, or no law upon the subject binding us for all time; but so far we have only contributions from state societies, and no shares have been sold to them.

MISS AHRENS.—It seems so few alumnae associations have responded to this call, should not another call be made at this time, and perhaps to the associations who have already contributed, to contribute another ten dollars, and to those who have not, to make a contribution? It seems to me it is only necessary for us to keep it before the alumnae associations, and that they would be glad to do it, but they forget.

MISS WEBB.—Virginia State Association is very much interested in the subject.

MISS SKAGAN.—I would like to hear of some of the advantages of the JOURNAL.

THE PRESIDENT.—I will call upon Miss Davis, the business editor of the JOURNAL, to say something upon that subject.

MISS DAVIS.—I don't know as I am capable of explaining that. The only thing I know about the advantages of it is in a business way, and the returns it will bring into the treasury. You are going to get very good returns in the way of dividends. That is what I suppose you mean,—the financial advantage. I think the JOURNAL is steadily increasing every year in its finances and in its circulation, and has been from the beginning, which is a guarantee that its financial condition is constantly improving and that the investment is perfectly safe. Further than that, I have nothing to say. The editor will understand the intellectual advantages and the

advantage it may be to this society to own such a journal from a literary and news standpoint.

THE CHAIRMAN.—We would ask Miss Palmer to speak upon that subject.

MISS PALMER.—It is hard speaking upon a subject without any preparation, but I will say that the intellectual and literary development of the profession has been very great since we have had a magazine printed. When we first commenced we had to depend very largely upon hospital superintendents, and people outside our profession, and it seemed almost impossible for the JOURNAL to secure good papers from a literary and professional standpoint from nurses engaged in private duty. I think you will notice that has been changing very steadily, and we are now having fine papers from a literary and professional standpoint, as well as from hospital superintendents and physicians. One point upon which we have been criticized as a profession is that we have produced no literature in the past; that every profession is marked by the fact that its members write books and edit magazines and contribute to the knowledge of the world. In earlier days, before we had our own magazine, this particular criticism was constantly made by the public, the medical profession, and other people, that we could not claim to be a profession because we produced no literature. Now we are certainly producing literature in at least a small way, through our own journal; and we are being recognized by other magazines, and educated people, and literary people, in a way we never supposed we would be in the beginning, because we were so lame and correspondence was so hard to get.

So an advantage has come through our journal in every way, and we have a means of expressing our views, which is one of the most tremendous factors in our literary and professional growth; we have to-day a successful means. I find interest in it broadening all the time. I think now the interest in the JOURNAL is greater,—I feel it to be greater in the state work than I do in the *alumnæ* work. The state organizations are calling for a different kind of work, a broader work, for a closer touch with the general public, for the need of closer communication of one part of the country with another, and closer coöperation; and in that way I feel the JOURNAL is proving a tremendous force. Not only through the JOURNAL, but what goes through the JOURNAL office, in the way of communication, in the way of reaching uniform methods and work, and its development all along those lines is marvelous.

Material is now coming in really in great quantities, unsolicited, so much more than we expected, and I have to put it aside because I can't get the space for it. That means improvement. That is a hopeful sign of our ability, as I said before, to produce literature, to develop along those lines which are so important and which give us a standing before the world which we have never had before, and which will be recognized more and more as we develop our own magazine.

Then I think our *alumnæ* journals will prove a tremendous factor in a local way. The women who are reading these magazines are getting an education by themselves, and I find that the women who are most interested in these local magazines are the most cordial supporters of our national organ. Of course there are local associations that are self-satisfied and that don't care to know anything outside of their own individual locality. I don't think we could interest those people very much, any way; but the leaders in these movements, the leaders most active in state work, are constant and active supporters of the JOURNAL.

From a professional and literary standpoint, I can see from my connection with the paper that the JOURNAL is the greatest, most powerful factor of growth along every line. There are associations that have not contributed to it; that don't

appreciate what the JOURNAL is doing for nurses all over the world. A couple of weeks ago we had with us in Rochester a nurse who is a missionary in India. She is in one of our hospitals there, and she is home for her vacation after twelve years' work in the hospitals there. I said to her, "Do you have the JOURNAL?" She replied, "Do I have the JOURNAL? I could not live in India without the JOURNAL. I read every word of it, from cover to cover, and all the advertisements." I found that woman one of the most intelligent on these subjects I have met in years, and she has been out of the country.

MRS. SCHENK.—Would the ownership of this journal insure its reaching a larger class? Could the subscription or dues be made to cover the expense of the JOURNAL so that each member will receive it?

THE PRESIDENT.—I think that has been tried by different societies, at least it was brought up before, and I think it has been found impracticable to undertake it by local societies.

MRS. ROBB.—That would be proper, I think. As soon as we own the JOURNAL, then we can bring in the associations.

MISS DAVIS.—A few at present own the JOURNAL, practically have the control of it, but it offers to this association a nice investment. If they don't take any interest in it, the JOURNAL will not be as great a success as it might be, and I think this is the time just now to have the matter discussed and talked about and carried out. The delegates should take the matter home with the understanding that the alumnae, at least, sanction it from beginning to end, and work for it as an individual owner. That is the only way the JOURNAL is going to prosper and give the greatest advantage to the society.

MISS SMITH.—I feel rather proud, coming from a small association, that we have given twenty-five dollars the last year, and I am going back to ask them to give more.

MISS SELDEN.—It is better to own a whole house than half a one, and it would be much more satisfactory if we owned it all than if we owned it only in part.

MISS McDONALD.—I am here to get something that I can take back and work for, and I am sure the alumnae that I am connected with will be glad to do something for this next year.

MRS. ROBB.—As time is going on perhaps I had better make a formal motion regarding the extra shares of stock to be purchased by the individual alumnae, and therefore move that the delegates pledge themselves that each individual alumnae contribute ten dollars towards the further purchase of shares of stock. That ten dollars not necessarily to come from the individual treasurer, but to interest the individual members of the alumnae, of each alumnae association, to give or solicit from ten to twenty-five cents towards the ten dollars as a minimum amount. I make that as a formal motion.

MISS McDONALD.—I second the motion.

THE PRESIDENT.—It is moved by Mrs. Robb, and seconded by Miss McDonald, that the individual alumnae societies pledge ten dollars each towards the purchase of JOURNAL stock. Are there any remarks? The motion is carried.

THE PRESIDENT.—At this time,—perhaps not for immediate action,—I wish to call attention to the recommendation of the executive committee in regard to some changes in the by-laws. I hope you all have copies of the by-laws. Section 2, article 14, regarding amendments, provides that amendments to the by-laws of this association may be effected by a majority vote at any meeting, due notice of such amendment having been given one month prior to the meeting. This is a little indefinite, in that it does not state to whom this notice is to be given. It must

mean on notice being sent to individual societies, but it does not say so. So in order to bring a few changes before you at this meeting, they were presented to the executive committee at a meeting held over a month ago in New York, and they recommended that that section be amended to read: "These by-laws may be amended at any annual meeting by a two-thirds vote. All amendments shall be in the possession of the secretary at least two months before the time of the annual meeting, and shall be voted upon at the annual meeting." Then these by-laws may be amended at any annual meeting and by unanimous vote without previous notice. This would make it clear, and anything coming up that was accepted unanimously could be changed at that meeting, or could be sent in earlier and sent by the secretary to the different societies. The clause as it appears now would permit you to make changes to-day or to-morrow, because notice has been given the executive committee.

Then again with reference to the nominating committee and its appointment. As it appears here, it applies more to the work of a local society; it is impractical for such a society as ours, that has a membership from the Atlantic to the Pacific, but would do for a society where the members live in the same city or even state. It is very difficult for the nominating committee to reach the women they would want to put upon the ticket or to know the people to nominate; and it has been suggested that a blank be sent to the societies asking for nominations. It is the practice in some federations of women's clubs, where nominations come direct from the societies, to send out a blank several months before the meeting, to be returned in time for the nominating committee to take the names thus chosen, and put them upon the ticket.

Now, these suggestions I will leave with you until to-morrow morning, and they will then be taken up for action. No blanks have been furnished for these, because it is a suggestion from the executive committee, and it will be placed before you now, and in the morning you may do as you like about it. The committee has thought it a desirable thing to clear up the ambiguities in our present by-laws.

The by-laws say the nominating committee shall meet one month before the annual meeting. That has been impossible, and it has been done by correspondence, as the members of the committee were scattered all over the country and it would not be practical to meet very often. So it is suggested some change be made in that regard. This morning we must close in good season, so we will not take up much business.

The treasurer wishes me to state that there are still a number of the Buffalo Congress reports for sale at fifty cents each, and they can be had from Miss Decker in the committee-room at any time. These reports are of the convention held in Buffalo in 1901, and each nurse should have a copy; I hope there will be a number purchased at this meeting.

I would like to appoint at this time a committee on resolutions, to present their report to-morrow afternoon. I will appoint as such committee, Miss Davis, of Boston; Miss Upjohn, California; Miss Cooke, San Francisco.

MISS NEDWILL.—Miss President: Mrs. Robb, when she spoke, said we ought to take care of our responsibilities outside of our own family affairs. I would like to know if we have any responsibilities, and if we have taken care of our responsibility towards our sisters in San Francisco? They have passed through a time of very great trouble.

THE PRESIDENT.—We hope to bring that matter up to-morrow, when we shall hear the report from San Francisco.

MISS PALMER.—I would like to have the floor for just one moment. I have

in my hand some circulars in the interest of the Susan B. Anthony memorial. This memorial is to be a building in connection with the University at Rochester, which is a coeducational institution, by the friends of Miss Anthony. You will remember a few years ago, when it came to be a question of a few thousand dollars only, whether women should be admitted to the work of the university, that Miss Anthony mortgaged her little home so that the sum should be raised to admit women to the full privileges as students. The women of Rochester are raising this building for Miss Anthony through a national movement and a national committee. I have no doubt that Miss Anthony contributed as much to the advancement of nurses as any other woman,—in helping our compensation, opening new avenues of work for woman, improving our legal status, and all those things that we enjoy. I want to lay these circulars upon a table in the back of the room, and I would like to have the members take them back to their alumnae associations. The request is that this sum of money be raised in small amounts as well as large amounts; they want small contributions from the great masses, and not great contributions from the few.

THE PRESIDENT.—I hope the members will get those circulars from Miss Davis and interest themselves in the matter. Is there anything further to come before the meeting? If not we will proceed to the papers. "How Can Skilled Nursing Service be Procured by the Family of Moderate Means?" This is in response to the request of a committee of last year. Miss Hollister made the suggestion, and she herself has sent the paper. Not being able to be present, it will be read by Miss Anderson, of New York.

HOW CAN SKILLED NURSING SERVICE BE PROCURED BY THE FAMILY OF MODERATE MEANS?

By MISS HOLLISTER

In the opening editorial of a recent issue of the AMERICAN JOURNAL OF NURSING, we read these words: "Skilled nursing care for the great middle class is a subject which has been brought before the nursing profession upon a great many occasions, and in a variety of ways. This is a mighty subject, which requires the serious deliberation of nurses everywhere. What are we going to do about it?"

Probably one of the first questions which arise to one's mind when considering the subject of nursing the middle class is, Who constitute the middle class, and between what broad lines would a person's salary fall to place him beyond the line of the poor, on one hand, and on the other hand exclude him from being classed with the well-to-do?

It is a well-established fact that one man considers himself poor on a given salary, while another, with the same amount, would call himself middle class, and the third man would feel he was well-to-do or almost rich. One family is prosperous and comfortable on a given income, while the neighbor next door through improvidence may

always seem to need help whenever the emergency, sickness, arises. So also does a man call himself poor or rich or middle class according to his standard of comparison, and according as he either lives within his means or beyond his means, or on the outside margin of his income.

Every genuine woman in the profession wants to give her services at a nominal charge to the sick one who needs her and who positively cannot afford to pay the fixed price. But we all know there are families willing to call themselves middle class, and ask for a reduction, who can far better afford to pay twenty-five dollars a week than can the nurse afford to work at a reduction of ten or fifteen dollars. There are families who will indulge in the luxury of fine clothes, etc., such as the nurse would think *she* could not afford, and yet they will be entirely willing to accept from her a reduction of price.

Now while on one hand we want to see the *genuine* middle class nursed, when sick, at a price which will not financially swamp them, nevertheless, on the other hand, we want to avoid a system likely to encourage improvidence or a system which will permit us to be imposed upon by the penurious individuals who are bent upon saving every penny and are always ready to cut down the honest wage-earner when they are really fully able to pay a standard price.

Probably any graduate of a school which has sent out its undergraduates on private duty will bear out this statement, that many of the cases on which the undergraduate finds herself are those which could well afford a graduate nurse. But because it is the family's privilege to employ this cheaper nurse, they do so. Hence if we undertake to establish any system by which we can honorably reduce our price we must guard against this class of people just mentioned. In other words, it must not be some one's *privilege* to employ us at reduced prices, but *our* privilege to give reduced rates to them if in the judgment of the individual nurse it seems best and advisable. Let us jealously guard the judgment and privileges of the individual nurses who may undertake the care of a case at reduced rates.

Now if we are to provide skilled nursing at less money for the great middle class, how are we to go about it? Shall the nurses of each city organize themselves into a Central Directory, as we hear the nurses of Toronto, Can., have done? Or shall we operate along lines suggested in the AMERICAN JOURNAL OF NURSING, namely: "Break down the fixed charge; let the compensation of the nurse be in proportion to the compensation of the physician. Where the

family is abundantly able to pay the nurse one hundred dollars per week for her services, make that charge, and then to the man who can pay only eight dollars, make the charge eight dollars."

To the nurse long accustomed to private duty these schemes carry their own evident advantages and disadvantages. A physician can have a sliding scale of prices running from his charity case at absolutely no charge on up to his family possessed of the million and to whom he will make his highest charge.

But with the nurse it is different. Often she cannot know beforehand what is the financial standing of the family she is about to enter. Knowing nothing about the financial condition, when the question, "What will be your price?" is put to her, how can she say beforehand, "My price will be fifteen dollars;" or, "My price will be fifty dollars per week?"

Some years ago, the father of a young girl sick and needing a nurse called at the headquarters where I was registered. He wished to see me and inquire my price. Being a well-dressed man and coming from a suburban town inhabited by the wealthy, I naturally told him my price was twenty-five dollars per week. After reaching the case I learned that the father was a conductor on the railroad. Then I wished there were some means by which a reduction in price could be made to him. But after having once said that the price was twenty-five dollars per week, I shrank from proposing a reduction, not wishing to injure his feelings by insinuating that he could not afford to pay the regular price.

A third and new scheme for providing skilled nursing for the middle class presents itself to my imagination, and makes me wonder whether it could be worked up into a practical and successful plan. The scheme would be to form a society or fraternity or brotherhood,—call it what you will, but organize an association similar to those for sick benefits. Let the active members consist of middle-class people only. Honorary members, if any, might consist of the well-to-do and the rich who may wish to contribute, but who should not be beneficiaries. Each active member will pay regular monthly dues just as he would to any sick benefit fund, and then when sickness enters his family it shall be his privilege to employ a graduate-nurse for a specified length of time at reduced prices, while the nurse shall receive from the association her full or nearly her full price for the case. The amount of each member's dues should vary with the amount he proposes to pay the association for providing him with a nurse. For instance, a man feeling he could pay fifteen dollars per week for a nurse would pay less dues than one who would want a nurse at

eight dollars, but higher dues than he who could pay eighteen or twenty dollars per week for his nurse.

Would not some such plan largely remove the taint of "charity" and other uncomfortable feelings which are apt to accompany reduced prices? Take for example that idea so common to human nature,—*i.e.*, if a nurse is cheaper than the standard price, her skill and ability are necessarily below the standard. Such a feeling could not exist, on these grounds, if a man knew that his nurse was receiving twenty-five dollars per week. And to the man able to pay only eight dollars per week, would it not be a keen satisfaction to know that because of previous thrift and forethought, the nurse now caring for his wife or for his little child was receiving full compensation. For probably no one realizes better than does the man of small wages that old but ever new truth, "The laborer is worthy of his hire."

THE PRESIDENT.—The paper is now open for discussion.

MISS McISAAC.—May we have the second paper on this subject before we enter upon the discussion?

THE PRESIDENT.—We will hear the other paper, and discuss them both together.

HOW MAY A NURSE CHARGE BELOW HER PRICE WITHOUT LOWERING HER STANDARD?

BY SISTER IGNATIUS FEENY, JANESVILLE, WIS.

(Read by Miss Wheeler, Quincy, Ill.)

I would suggest that if her patient is not able to pay full rates, the nurse could make an agreement like this: The regular fee is twenty-five dollars, her patient may be able to pay fifteen or twenty dollars per week, the nurse could say: "I donate to you the difference," say five or ten dollars, as the case may be. In this way the nurse is not lowering the standard, as she maintains the fee to be twenty-five dollars, but as the patient is not able to pay full price, the nurse will not allow the patient to suffer or be neglected for lack of money. In this way the nurse is doing a good work, and rather elevates the nursing profession by proving that the trained nurse is not so mercenary as some people accuse her of being. It has been said that trained nurses are more after the money that is in the work than the humane or philanthropic side of nursing.

I have asked the opinion of a Mercy nurse regarding the reduction of the nurse's salary. I will give her own words. "Regarding my opinion on reducing a nurse's salary I hardly know what to say,

yet I think much can be said on the subject. To begin with, the really poor do not have trained nurses. For myself, I have had only one patient who wished for a reduction, and she was a wealthy woman, but very stingy, who thought nurses were overpaid. From what I can learn, it is mostly this class who ask for a reduction.

“I have known nurses who have made reduction on account of friendship, or because they have been on the case for a very long time, and the duties became light towards the end; they have sworn the family to secrecy, and yet the next time such a person wants a nurse she is sure to tell how so-and-so worked for less, and wants her successor to do the same. It has always been my experience that people judge nurses like everything else they pay for. The one who charges the highest price is the best nurse. I have never worked for less than twenty-five dollars a week for any one. I think should a case come up where I judged it necessary to have a nurse and the patient too poor, I should work one or two weeks for twenty-five dollars, and donate the other week or whatever the time might be.

“I should not cut to fifteen dollars, as that is the rate most people think a nurse should get, and I would not come down to it. I would rather donate the whole time and keep my standard. I have talked with other nurses and they agree with me. I know one Mercy nurse who worked in a small town for fifteen dollars per week, and when the people wanted a nurse again they would not have her, but paid twenty-five dollars to another Mercy nurse.”

The foregoing paragraphs will afford subjects for discussion, and help the nurse to arrive at a uniform method of keeping up the dignity of the nursing profession, and also give them ample opportunity of doing charity work.

The late Dr. N. S. Davis, of Chicago, whose reputation is too well known to need comment, and who did more than any other medical man in the United States to elevate the medical profession, always taught his students that a doctor was expected to do about one third charity work. A nurse has an opportunity to do much charity work, and surely she does a vast amount of it, and generally more than her patient is willing to admit. People suffer from a spiritual disease called Pride, which will not permit them to acknowledge that they do not pay the highest price for all they get, and the nurse, even without reducing her rates, often receives only partial payment for her services, whereas the person nursed tells how much the recent illness has cost, and the salary of the nurse is always maintained to be a big item, notwithstanding the fact she has only been paid in part. Hospitals are frequently treated in like manner. People tell how

much they paid at the hospital, giving full rates at highest prices, when their bill had been reduced to one-third the usual price.

One great consolation is that our Heavenly Father, for whose sake the good work is done, has all recorded by His angels in the Book of Life, and He will be our reward exceeding great.

THE PRESIDENT.—Discussion is now in order.

MISS THOMPSON.—I find people expect time rather than money. In several cases I have known them to say they can't afford to pay all; and I don't like to lower the standard when I have given a price. They won't keep anything to themselves if you give them back money. Perhaps it is better not to count the last week, and they will forget all about the last week.

MISS MEWHART.—Nurses say they can't tell how much the patient can pay. How can a doctor tell? A doctor says, "I will charge you from so much to so much, and I can't tell just how much it will be until I see what the patient is and what you can afford to pay." Why couldn't you be honest with the patient when you go into their home and say, "What can you afford to pay?" and charge them accordingly. I think a nurse should fix her own fee. It will be a survival of the fittest, any way. A nurse can't say she will only work so and so for such charges, and she will not be ground down to the cost of her meals and her room. We must reach out and see how much our patients can pay, and be governed accordingly, as the doctor is. The nurse should fix her own fees; she would learn this by experience; one day she would be with the rich, and another time with the poor. I think we would do more for humanity in that way. I don't think there is one nurse in a hundred that can do otherwise in private nursing.

MISS CARROLL.—In some institutions the nurses are supported by the rich; at least they maintain the house of the sisters, and in that way the sisters are able to give their services to the poor without receiving any compensation, or at least they are able to maintain themselves in their homes. We have institutions like that supported by the rich, and the nurses receive what they can get from the patients and the rest of their fees from the institution.

MISS McISAAC.—Perhaps Miss Carroll does not know that that has been done successfully in Chicago for a good many years by a method almost identical with the one spoken of by Miss Carroll, except that the nurses are given no regular fees. For instance, the nurses work for the benefit of such men as she spoke of,—conductors, clerks, book-keepers, and teachers, and people of moderate means. The person making application states how much his salary is, his income, what his family and his resources, and the charge is made accordingly, from five to fifteen dollars. Anyone able to pay over fifteen dollars could employ a regular nurse. The patient would pay what he could afford and the school would make up the difference between what the patient would pay and the amount of the nurse's fees, and the difference went into the regular fund. Some years the income has not paid the fees, but in this way the graduate nurses have worked among the middle classes. That is, I think, the only place in this country where the work has been done in that way, and it has been very successful. There is always a struggle against imposition and fraud, and people are required to give references so that the fund may not be imposed upon, and nurses are only sent to people who cannot afford to pay full rates, but oftentimes fraud will creep in. The fund originated from a legacy left to the Illinois Training-School for Nurses by Mr. John Crerar and the nurses are known as Crerar nurses.

MRS. ROBB.—In cities where we have a settled directory wouldn't it be possible to interest nurses in those cities and raise a fund to be placed in a central treasury? And when such an application came it would be sent to the office of the directory, and the nurse next in order would be sent. The nurses would get what the patient could afford to pay, and the balance would be made up from the special fund which is contributed by the directors; and in this way a nurse be provided for every grade of patients, and people of large wealth could be interested to contribute money for such a purpose.

MISS DAVIS.—I don't want to limit this discussion in any way. The first need in this sort of a movement is money; the people of moderate means themselves should form their own association in a coöperative way, and we will send out to them the highest trained nurses and the best nurses we have, and the nurses shall get full pay, and whatever they pay will go into the treasury of their society; and in that way they can have the best possible nurses and the nurses will get full pay. I don't think we require any more opportunities to do charity than we already have. They are open for us, and we do them from time to time. It is not for opportunities to do more charity that the nurses are looking.

MISS THOMPSON.—Do you think we should be treated like a "body"? We speak about nurses not improving their own individuality. I think a nurse should manage her own affairs and not be treated like a body, by registrars and central registries. I don't think the majority of us care for that. I certainly would not do it. I think we ought to improve our individuality and not be treated like a body.

MISS SELDEN.—We have a fund in New York for the purchase of apparatus. If the apparatus is not needed this fund is applicable for this purpose. If a family can pay a few dollars for a limited time, the remaining amount of money is supplied from this fund. It is known in New York as the "DuBois Fund," and it was established by Mrs. DuBois. It is applicable for use upon the recommendation of responsible people.

MISS GREENLEES.—In a recent statement it was said that the name of the nurse last on the directory was sent to those places?

MISS THELIN.—In Toronto they have that plan.

MISS GREENLEES.—But would that suit the plan we have here?

MISS WASHBURN.—In Boston we have a rule that the nurse who goes out writes her name at the bottom of the list, and in this way the entire list is sent out in turn.

MISS THELIN.—In Baltimore we have a list of nurses from the Johns Hopkins directory, for emergencies, but they do not meet the entire need, because there are some who cannot stay a whole week, and must come in in a short time, and others can go for an hour in the morning and an hour in the afternoon, and we usually have to have a nurse that can remain the entire week, and the patients can't afford to pay twenty-five dollars for the entire week.

MISS HARTMAN.—I agree with Miss Davis, that we should not put this upon a charitable basis. A man who earns twenty-five dollars a week said to me that we should not be asked to work for less; I talked it over with a business man who is receiving a salary, and he said his employer's business was not as good, one season of the year as another, but he could not afford to work for less the dull season, and he could not think of accepting work from a woman whose nominal fee was twenty-five dollars, for anything less; and it was suggested to me at the time, as suggested in the paper, that they should pay a certain sum weekly or monthly,

then they could employ nurses at regular rates and they would be much better satisfied than to have them work for less than twenty-five dollars.

THE PRESIDENT.—The suggestion that has been made here of coöperative societies has been tried in England by one institution there, where nurses are paid a regular salary by the month. It adjusts itself by the nurse being sent by the institution. We could probably start it through our registries and the coöperation of nurses themselves. It seems a very feasible plan, which might be tried. Nurses might be sent sometimes to those who were able to pay full price, and again to those who were not able to pay it, but they themselves would be paid a fixed salary, in the same way as the district nurse, regardless of what is received for their fees. Probably others have some idea to suggest along this line, which is a very important one, if we are going to fulfill our duty to the community and all people who need our services.

MRS. ROBB.—May I ask the importance of schools for attendants? In Cleveland I was asked my opinion by the managers of the Young Women's Christian Association about starting a school for attendants. They gave a reason for starting this school, a reason that was discussed here this morning; and they said it was absolutely necessary to do something to provide women to care for people in moderate circumstances, and they didn't know of any other way except by establishing these schools for attendants. They were being established in connection with different associations throughout the country. I would like to know the sense of this meeting, whether they do generally favor that kind of schools.

MISS BETTYS.—If trained nurses are not able to do this work at moderate prices without lowering their standard, as has been said here, would not this class help us in determining the care of the middle class?

MISS PALMER.—We think it would be for the benefit of women who have been engaged in active nursing for some years, to have some examination and demonstration to determine their ability, so that their rights will be recognized, and they could fill this place. I find a great many women doing work, who are very able women. If they had been trained well, they would have been good nurses. They have picked up a few methods in a private hospital and some in another hospital and know all sorts of ways, and some of them are well along in years and have been doing private nursing for a long time. Some of those women do good work. They can be put through an examination. I find by a little verbal examination and demonstration that they have a great many ideas about ways of meeting emergencies and using all sorts of household appliances that have been learned from experience, and they are valuable women, and they do fill a very important place. I believe we should not depend upon the trained nurse to fill this field. There is a great body of people who employ nurses that the trained nurse can't afford to work for.

I don't mean to say that this class of women would entirely solve the problem; to be candid, I don't know how to solve it myself; I have no suggestion to offer. It is a matter we can't lay down without very serious consideration. I find some of these women are utterly incompetent, and how patients live under their care is a marvel; but it seems to me some way could be devised whereby the best of these women could do the work for the great middle class all the time.

MISS PLATT.—I would like to ask Miss Palmer if she would not find these persons after such an examination would claim themselves to be trained nurses?

MISS PALMER.—About the examination, and about the people they work for. I find that they are working mostly among people who pay fifteen to eighteen dollars. When they have been registered, they will easily find their rate.

MISS BETTYS.—I would like to ask Miss Palmer how about these women after they can't work any longer?

MISS PALMER.—They would be just as well off then, as now.

MRS. FOURNIER.—I have been giving this subject considerable thought, because in the state I come from, Indiana, we don't have half the number of trained nurses we require, and somebody else has to do the nursing. One thing that would present itself to me would be something that would need the whole of this body to help carry out. I don't know why, if it is necessary for the drayman to have a license before he can carry your trunk from one depot to another, it should not be necessary for a woman who takes care of any kind of patient in illness to get a license. You know we have teachers who can only teach one grade; we have all kinds and classes of teachers. Why can't we have nurses so divided as to supply these needs? If we take hold of these things right, and if we have these women registered, they can't step out of the class they are in, if they are put in the class they fill and are only permitted the work they are eligible for. I believe in registration, and we should register nurses in their class. These should be known as women who had not had hospital training and were not graduated, but were women people have a right to consider and they should be supported as such. There are also some young women who are mothers, who have had a great deal of experience; a widow has, perhaps, nursed for years in her own family, and now she is left with nothing to do in the way of support. Why couldn't she begin at the lowest class, at five dollars a week, and be licensed for that work? You will find these women will not wear such uniforms as our graduates do, and would go in plain clothes, or the national society could prescribe material with which to make their dresses. And another class, when they can pass a certain examination, can work on a case and earn ten dollars a week, and wear another kind of dress; then we will have certain goods we can make our own dresses of, so that people can tell the difference between a graduate nurse and the other class. I think this is the only solution of this problem.

This closed the discussion.

EVENING SESSION

THE PRESIDENT.—The meeting will please come to order.

MISS BROBSON.—Are we to have any nominations from the floor?

THE PRESIDENT.—Nominations from the floor may be made if the Association so desires before the polls close.

MISS BROBSON.—Perhaps it is not desired, but we have not been given the opportunity.

THE PRESIDENT.—It has not been customary with us to add any names to those on the ballots, but if there is any desire, of course, the ballots could be returned. What is the wish of the meeting? That the polls remain open and that there shall be nominations made from the floor for any offices?

MISS REID.—Miss President, I move the polls be closed.

THE PRESIDENT.—If there are to be any nominations from the floor they are in order; if there is no desire for the polls to remain open, they will close immediately.

Every one in the room is entitled to take part in the discussions. We have a number of short papers to present on topics that have been suggested to the program committee by members of the Association; the first one is, "Are Nurses Refusing to Care for Tuberculosis?" by Miss Phelan, Rochester City Hospital Alumnae.

WHY NURSES REFUSE TUBERCULOSIS CASES?

The feeling on the part of the trained nurses in some localities against caring for tuberculosis patients, whether it be in institutions for the special treatment of this disease, or in the homes of the patients, is one of vital importance to the nurses interested in the great public movement for the prevention of this dreaded disease.

The question which we are now concerned with is: Why is this apparent attitude on the part of so many nurses?

The reasons, it seems to me, may group themselves under two heads:

First. The mistaken conception of the public.

Second. The general attitude of the hospitals in refusing tuberculosis cases.

We will consider the first point. The idea prevalent with the public, that tuberculosis is, in all its literalness, a contagious disease, rather than an infectious one, has been accepted by our profession too readily, without enough thought or study of the subject. There has not been enough distinction made between these two terms. This is a matter our women ought not to be guilty of, if true to their calling. Tuberculosis is a communicable disease. This recent discovery has tended to make the people more or less afraid to mingle with those who are its victims. A few years ago, science had not yet discovered the infectious nature of consumption, nor did it understand its treatment. The invalid was usually kept in an airtight room, smothered in bed quilts and red flannel, and tucked up in an armchair near the stove, with a cuspidor at his side. Not a breath of air was permitted to enter the apartment, lest the patient should take cold. The patient's condition was considered hopeless, but his nearest companions were thought to be in no danger. A person could sleep in the same bed with him, breathing the same foul air, and the doctor, the nurse, and the public thought it perfectly safe.

The world easily jumps at conclusions. Twenty years ago the pendulum of public feeling towards consumption was in one extreme, tuberculosis was not transmittable, but hereditary. The pendulum has now swung to the other extreme, so that to-day the world says tuberculosis is a contagious disease. In accepting the general conception of the public that tuberculosis is contagious, in the same manner that small-pox, scarlet-fever, and measles are, the nurses are doing an injustice to their chosen profession,—in accepting this attitude of fear of these patients. If a nurse is to have a full, rounded-out development in her profession, she must have a knowledge of every branch related to it. It is her duty to know as much and do

as much in her work, whether she be a specialist along certain lines or not. No nurse should say, "I am only interested in maternity work, or children's diseases, or such and such cases," but rather, "That is the line I enjoy the most." She should be the first to recognize that with the proper disposal of the discharges from the diseased issue, chiefly the sputum, the most intimate contact with a consumptive is free from danger.

The second reason is: As a rule the hospitals make no special provision for tuberculosis patients, and consequently the nurses obtain very little practical training in this disease. Would the nurses feel differently towards tuberculosis if every training-school made provision to give its nurses experience in the care of these patients? Would they after graduating have the same feeling about caring for them? Most certainly not. Because the care of tuberculosis patients would be looked upon in the same light as any other phase of hospital experience, and handled with the same precaution that the other infectious diseases are.

Science has discovered the prevention and cure of tuberculosis, and thus far the medical profession has done its duty. We all have not the privilege of working among the poor, carrying the gospel of fresh air, cleanliness and sunshine into these stricken homes, or in institutions. But surely there is not a nurse present who is not able to arouse interest in this subject among intelligent people. Nurses, because of the very nature of their calling, are brought in contact with the wealthy and influential people, and if every nurse would take this subject to heart, surely it would not be long before the public feeling were aroused to such an extent that means would be provided for the obliteration of the great white plague.

Many nurses are doing splendid work among the poor of our cities, in hospitals and sanatoria throughout the country. As organizations for the prevention of tuberculosis increase, nurses will be called upon to occupy more of these positions. Will the nursing profession be ready to meet the demand, or are we to be weighed in the balance and found wanting?

ARE NURSES REFUSING CONTAGIOUS CASES?

By JULIA E. REED

Superintendent of the Registry of the Boston Nurses' Club

To what extent are nurses refusing to care for patients with contagious diseases?

Do so many refuse as to make the supply for these cases inadequate?

Is there danger of this field being neglected by trained nurses and occupied by others?

I cannot speak except in regard to the little corner of the great nursing world with which I am best acquainted. During the past year thirty-six per cent. of the whole number of nurses on our registry list were registered for contagious diseases, and about five per cent. more for contagious diseases except diphtheria; while for the same period the number of calls for contagious cases was not quite eighty per cent. of the whole number.

It would seem, under these conditions, that the supply of nurses must be sufficient to meet the demand. Still, about sixty per cent. of the nurses are not registered for contagious cases; what are the reasons for this?

First. Lack of experience.

The fact that the percentage of nurses registering for contagious cases is so small from schools where instruction in this branch of nursing is chiefly theoretical, shows lack of experience to be a deterrent cause.

Of those who have had special training in contagious nursing, seventy per cent. register for it; while of those who have had little training, about sixteen per cent. register. The number not registered includes a few nurses, not graduates of general hospitals, who are *restricted* to special work. Also some of the older graduates of schools which do give training in contagious cases refuse them on account of changes in the methods of treatment. This is especially true of diphtheria.

Second. Nurses who do much surgical or obstetrical work find it advisable to refuse contagious cases.

Third. A very few refuse, diphtheria especially, on account of their susceptibility to contagion.

Fourth. Pecuniary reasons.

Financial considerations seem to be at the bottom of much of the difficulty in regard to contagious cases. The nurse sacrifices time, comfort and convenience, and assumes a certain amount of personal risk in accepting these cases, and often the people engaging her services are not sufficiently well-informed to appreciate the situation. Thus the higher price per week, or the extra sum for the week of quarantine, seems to them an exaction. A nurse has occasionally said to me that contagious cases did not pay her; that she had to be quarantined, and that most of her cases had been in families of such limited means that the usual twenty-one dollars a week was a hardship, and to ask a higher price, or payment for the week of quarantine, was out of the question.

Many nurses will work for the ordinary price and forego the payment of quarantine, when necessary; but sometimes people who do not need to economize are the readiest to object to a nurse's charges.

A more uniform standard of prices for nurses of the same locality is needed, and if it could be had, much friction might be avoided.

I do not know to what extent the conditions governing contagious nursing here are duplicated elsewhere. Although we are able to fill all such calls here, except in very rare instances, the small percentage registering for them from those training-schools giving chiefly theoretical teaching in contagious nursing indicates a probable scarcity of nurses in places remote from contagious hospitals. If such scarcity exists, would it be possible for more nurses to be trained along this line?

It seems more advantageous than otherwise that the physically unfit, and those doing surgical and obstetrical work, should refuse contagious cases; and it is to be hoped that some time a more enlightened public sentiment will prevail, and that the employer and nurse will, by mutual comprehension, and mutual compromise, if necessary, find some common ground for the adjustment of pecuniary difficulties.

THE PRESIDENT.—This paper is now open for discussion. Only a few moments can be given to each paper. Are any prepared to answer these questions? If not, we will call for the next paper.

The next subject is, "Do Our Alumnae Associations Broaden Professional Lines? Some Dangers and Errors into Which We May Fall." No one has been assigned to this discussion.

MISS PALMER.—Personally, I am inclined to think that all alumnae associations tend to broaden professional lines, but I want to explain, in making that statement, that I have never lived within three hundred miles of my own alumnae association. I have always lived at a distance from it, and my association with nurses has always come outside the alumnae connection, so, perhaps, it is not unreasonable that I should be a little narrow in my attitude towards alumnae associations.

I have thought a good many times that the women who are absorbed only in alumnae associations are not as broad, on general principles, as the women who are interested in county societies or in clubs that bring together women from other schools. But, as I say, I don't think I am a very good person to judge of this, because I have not been near my own alumnae association. I was a member of it for a good many years, but in twelve years, perhaps, I attended only three meetings. My own relationship, you see, with the profession has been outside school lines and regardless of school lines; and I think in some places, and in fact I know, in some places, that nurses who are interested in alumnae associations and only attend alumnae meetings, are not as broad, perhaps, and patriotic, I might almost say, as women who go outside of that association and come in touch with women from all kinds of schools.

This is from my own personal experience, and I give it to you to hear what somebody else will say about it.

THE PRESIDENT.—Let us hear from some active member of an *alumnæ* association. We are engaged in a broad professional work. If there are no responses we will consider that your views are in the negative.

MRS. SPOFFORD, of Portland, Maine, read a program of the work done by her association during the past year.

THE PRESIDENT. We will have to take up the next paper.

SHOULD A NURSE TAKE A CASE FROM WHICH ANOTHER NURSE HAD BEEN DISMISSED WITH- OUT JUST CAUSE?

By LUCY J. CLARK

Illinois Training-School

Consideration of this question must of necessity call forth many and diverse opinions.

We leave the training-school with high ideals and a clear sense of duty to one another, but the first years of private nursing are apt to be unsatisfactory and disappointing, full of anxieties and vexatious problems.

There are many crises to be met and decisions to be made, that were undreamed of in our hospital work.

Duty is not so clear to us, nor our relations, as professional women, so clearly defined, when put to the test.

We find theories fail, and questions have to be met along the line of practical experience.

Nurses are taught and trained to be professional and to cultivate a high standard of loyalty one to another, but those high ideals should be accompanied by common sense, good judgment and personal dignity of the woman herself.

Considered from a purely ethical standpoint the question of a nurse taking a case from which another has been dismissed without just cause, would seem soon answered, but a nurse's action in the matter must be considered from an entirely different point of view. She would hardly be placed in a position to know or judge the merits of the case.

Who is to determine the just or unjust dismissal?

Some one has said: "It is easier to be logical in criticism than in action." So it seems in discussing this question.

A nurse's duty places her in a very trying and peculiar position. When called for such a case, she couldn't be expected to investigate the cause for discharging the other nurse.

Much would depend on who does the dismissing, and one's acceptance of a call under those conditions would certainly depend on whether the other nurse was dismissed by the family or doctor.

If a nurse *knowingly* took a case from which another had been dismissed by the *doctor unjustly*, she certainly ought to be judged disloyal and lacking in professional courtesy to her sister nurse.

The puzzling question would be, What constitutes a just or an unjust cause?

A doctor of any standing would surely have what he considered a very good reason if he were moved to such a course.

Usually it is the patient or family who demand a change in nurses. Then we are met by all sorts of reasons (and many very petty ones) for dismissing a nurse.

Certainly no nurse would care to stay on a case where there was the least distrust or friction, much as she would rebel against the injustice of it.

It seems it is not considered a breach of etiquette when a doctor is dismissed from a case for another to step in and take charge of the patient, so why should a nurse not do so?

She must be governed by her own good judgment and the sense of what is right and due her sister nurse, keeping in mind and living up to the high ideals of professional courtesy and loyalty, necessary to preserve a universal standard in our profession.

THE PRESIDENT.—Are there any other opinions on this topic to be expressed by any one? We have two or three papers on the next subject, along the line of the value of the Alumnae Journal. The first is written by Miss Dixon, Johns Hopkins Hospital Training-School Alumnae, which will be read now.

THE INFLUENCE OF AN ALUMNÆ JOURNAL UPON AN ASSOCIATION

By MARY BARTLETT DIXON, R. N.

I have been asked to write an article on the above subject, with "the pros and cons of the case." I would like to say that as far as our Association is concerned there are no "cons," and I am sure other associations who have, or expect to have, that invaluable middleman, a magazine, will give the same report.

The *Johns Hopkins Hospital Nurses' Alumnae Magazine* was born in 1902, with Miss Ada M. Carr as Editor. Its existence is the result of a desire on the part of the nurses of the Training-School to keep in touch, after graduation, with their superintendent, their training-school and hospital, and with each other.

We know that the *Alumnæ Magazine* is of vital importance to our association.

Every member, however distant or isolated, through its pages can read the thoughts and expressions of opinion of our superintendent on nursing problems or any other subject; through it we are kept in touch with the transpirings at the hospital, different methods of procedure in the treatment of disease, and changes of various kinds in the training-school; the topics of discussion at the quarterly meetings of the *alumnæ* are always published, and full details of reports and addresses at the annual meeting, with the names of officers and latest addresses of all graduates. Our "personals" are absorbingly interesting to us.

Whenever a problem is brought before the association, unless there is reason for immediate action, the magazine is open for expression of opinion from all members, and we are thus in a position to arrive at a better solution.

Our articles are usually written by our own nurses, though we are fortunate often in having one or more papers by physicians or members of the laity. The subjects, though usually confined to nursing interests, have no limitations; our pages are open to anyone on any subject which would be considered profitable or interesting to us as people, women, or nurses.

We have seen some far-reaching results. Perhaps the most gratifying is a generous gift from Mr. Victor G. Bloede, of Catonsville, Md.,—the permanent support of a Visiting Nurse in connection with the Phipps Tuberculosis Dispensary of the Johns Hopkins Hospital. One of our nurses on private duty received a copy of her journal containing an article on the work of a visiting nurse among tuberculous patients. Mr. Bloede happened to pick up the magazine and, as he was interested in the subject, the article caught his eye, it appealed to him, and he offered to support a nurse for a year, with the promise to perpetuate the gift should the work prove satisfactory.

The magazine is especially appreciated by nurses living abroad or far enough away to be absolutely out of touch with their *alumnæ* except through the medium of personal letters, and we all know nurses are poor correspondents. Subjects of public interest are brought to us in concise form when often we would not know of their existence, feeling too tired or busy to pursue the uncertain and unfinished story in the newspapers.

Our exchanges have given us a great deal of pleasure. They are sent to the Library of the Johns Hopkins Hospital Nurses' Club. We exchange with the *Nursing Journal of the Pacific Coast, Chari-*

ties and the Commons, *The Canadian Nurse*, *Una*, published in Melbourne, Australia, and *The Nursing Times* of London.

Our magazine is managed for the association by a Publication Committee, appointed by the board of directors and composed of nurses representing various branches of nursing.

The magazine is published quarterly. It averages seventy-five pages and has a circulation of four hundred and fifty copies. It is supported by outside subscribers (friends of the nursing profession) and by advertisements. (Only those advertisements are solicited which we believe will prove mutually beneficial, though we will be honest and confess that there have been times when this belief was a trifle strained.) The magazine, costing each member fifty cents, is included in the dues of the association.

As for the influence of an alumnae journal, I will state positively that there can be no other medium in an association as far-reaching or as important in maintaining the good fellowship and mutual interest that is essential to the life of the organization.

As for the extent of this influence, it is only confined by the limitations of those whose personality it expresses.

THE PRESIDENT.—The next paper on the same subject will be read by Miss Thelin. It was written by Mrs. Higbee, Illinois Training-School for Nurses.

THE INFLUENCE AND VALUE OF ALUMNÆ JOURNALS

Were we like the ancient Greeks, able to attend all meetings of common interest, retain and hand down, verbatim, to our posterity all points pertaining to the welfare of the community, there would be less need of written or printed communications. But since our lives have become so full of varied interests and the distances so much greater, we need some expression for the bond of union which keeps us keenly alive to the best that there is in our profession.

This can only be attained by having some form of communication with each other. While in small societies this might be done by means of typewritten letters, in large ones that would not only be inaccurate, but more expensive than a systematically arranged, and proof-read printed journal.

The journal not only forms a bond of union, but it affords an opportunity for an exchange of ideas and expression of thought. It keeps us in touch with the progress of the individual nurse, the alumnae association, and our Alma Mater. It creates that feeling of

good-fellowship, and that oneness of purpose which makes us a united power for good. To a nurse away from her fellow-graduates it is like a letter from home.

While our interest is deep in our own local *alumnæ* journals, it ought to be much deeper in our *AMERICAN JOURNAL OF NURSING*. In its pages we can travel with Miss Dock through foreign lands, with others through our own country, and learn of the progress of nursing. We learn to know and appreciate the stars of our profession; we are either spurred on to better efforts or learn to value the advancement made in our own fields. It is that kind of social metabolism that makes us progressive.

THE PRESIDENT.—The paper is now open for discussion. It will be particularly interesting to societies who are thinking of starting journals for themselves to know the difficulties in the way.

MISS MACK.—We have a journal at St. Luke's, Chicago, and I think we have found out part of the influences and advantages of it. The subscription price is included in the *alumnæ* dues, and it is paid for out of the treasury of the *alumnæ*. I think it has done a great deal to bring us together and keep us together, and especially is this true of members who are away.

THE PRESIDENT.—Anything further on this topic?

MISS McISAAC.—In speaking from a good deal of experience in this work of *alumnæ* journals, I would like to say to any of those societies who are considering a journal of their own, that one of the most important steps is to put it in the hands of every *alumnæ* member, and to include it in the annual dues. In that way the nurse gets it, whether she wants it or not. And after she has had it a while she will want it. That is one of the most important things about establishing a journal.

I would like to make a criticism on some *alumnæ* journals that I have seen. I think they go too far. They try to take the place of the *AMERICAN JOURNAL OF NURSING*. I think the particular point in having these journals is that the proceedings of your own society and the interests and movements of your own members shall be recorded for the benefit of every member you have, and it should not take the place of the *AMERICAN JOURNAL OF NURSING*. I am very jealous of both these interests, because I was very closely connected with the first journal that was started by an *alumnæ* association in this country, and also with the *AMERICAN JOURNAL OF NURSING*, and I don't want one to step on the other. The monthly reports of the *alumnæ* association have been the most valuable thing in the welfare of the association, and their influence has been much wider because they take particular notice of the nurses' work, and the work in hospital economics, but in a different way from the *AMERICAN JOURNAL OF NURSING*.

MISS NEWHART.—I think the *AMERICAN JOURNAL OF NURSING* should copy what they think of interest to the profession from the *alumnæ* journals. Let the editor publish in that *JOURNAL* whatever she thinks would interest all the nurses, from the monthly or quarterly.

MISS PALMER.—I would like to say that this is done by some *alumnæ* journals, but the trouble with the news that is published in a quarterly is that it is sometimes very old news when it comes out in our monthly. A good many things that are very interesting at the time that they occur, if they could be reported the next month,

appear very old at the end of the third month, when they come out in a monthly. Very many personal articles are taken out of these journals and appear in our magazines, but there is not space for all of them. Our journal comes out every month, but we can't get all of the interesting things and personal news in it, and a great deal of the news would be three months old when it comes to you in the JOURNAL, and we have a great deal of news matter that is very fresh. The influence of those local alumnae journals upon the AMERICAN JOURNAL I consider the very finest thing we have, because the women who are working for the local magazines are the women who are most constant and interested in the support of the AMERICAN JOURNAL, yet the local journals do have the effect of satisfying a very small circle, so that they don't care for anything further. But I think we must look at their broad and uplifting influence.

THE PRESIDENT.—The next paper is written by Miss Janet Topping, Illinois Training-School Alumnae, on "What Are the Occupations of Nurses Who Have Dropped out of the Work?" which will be read by Miss Hartman.

WHAT ARE THE OCCUPATIONS OF NURSES WHO HAVE DROPPED OUT OF THE WORK?

When asked to write a paper on the above subject, I visited the different training-schools to find out how many of their graduates had taken up other lines of work, but regret that I have not been able to give definite account of more.

One Hahnemann graduate has a fine resort on Boothe Lake, Wisconsin. Beginning in a small way, after eleven years she can accommodate fifty guests at one time. She started with small capital, but by nursing part of the time each year, and turning her hand to anything in her summer home, has made a great success of it.

Among the graduates of the Illinois Training-School who have taken up other lines of work, there are eighteen doctors, six missionaries, two matrons of hospitals, one sanitary inspector and health officer. Two have been very successful in owning and managing lunch-clubs and rest-rooms. One is superintendent of a half-orphan asylum, and voluntary probation officer. One has been matron of an orphan asylum in Wisconsin for ten years. One very successful matron of a hospital for seventeen years, now is equally successful with a boarding-house in Pasadena.

Another manufactures sterile surgical and obstetrical dressings, also sanitary napkins, besides having a large trade in furnishing nurses' caps. Another owns and conducts her own drug store.

We would not forget that we number five farmers among our number. Doubtless there are many other ventures undertaken by those tired out with the irregularities of a nurse's life of which I am not aware.

THE PRESIDENT.—We would like to hear more fully in regard to any other occupations in which nurses are engaged.

MISS WOOD.—Managing a club-house.

MISS PALMER.—We have a registered nurse who has a most fashionable and most prosperous boarding-house. She was trained a good many years ago in Minnesota, and she has made a most unusual success of this business.

MISS LONGWAY.—One nurse has a beautiful place of twenty-five acres and takes, during certain seasons of the year, one hundred and fifty guests. Another nurse is a druggist and does her own business and has a good store. Those are the only two I think of at present.

MISS PHELAN.—I understand a graduate nurse has charge of manicuring and shampooing parlors.

MISS FORBES.—One nurse I have heard of has a plantation in Jamaica.

MISS STEVENS.—One of our most prominent members of the *alumnæ* of the Children's Hospital, San Francisco, is a practicing dentist; and I am happy to say she has not lost her interest in the nursing work. We have one or two physicians also, who are members of our *alumnæ* association.

THE PRESIDENT.—Anything further? I was down in South Carolina at the state association meeting just before coming here, and the speakers there, both among the nurses, the physicians, and others at the different meetings, were bewailing the fact that a number of nurses, who were dropping out of the work, were entering into matrimony.

MISS PALMER.—I don't think, Miss President, that that is peculiar to South Carolina; I think if we investigated we would find that they were engaging in that in other states.

THE PRESIDENT.—The next paper on "What Can a Nurse Do with her Margin of Time or Money?" written by Miss F. M. Capeller, St. Luke's Training-School *Alumnæ*, Chicago, will be read by Miss Mack.

WHAT SHALL A NURSE ON PRIVATE DUTY DO WITH HER SPARE TIME AND MONEY?

Few nurses doing private work consider that they have any spare time, as a hundred and more things must be attended to the moment they are free.

There is a time, however, when the nurse has reported for duty and is waiting for a call or case. Then she has to stay close at home and sit beside the telephone, and often the nursing profession has its dull times.

This is the spare time that hangs heavily on her hands. She begins to wonder if it is worth while to begin to do any work, as she might be called on duty. Much valuable spare time is lost in waiting for a call, and for this reason I think it is an excellent thing for a private nurse to have a "hobby" or some congenial occupation, aside from her professional work, be it needlework, basketwork or designing. She can often make herself efficient in some other occupation, and should occasion arise, as when health fails, or for other

reasons, she has something to fall back on, some other source from which to make a living.

I met a nurse the other day who told me that she in her spare time is taking lessons in Irish lacework. She seemed much interested, and one felt that she had solved the problem, as she was making herself contented in her spare time, besides becoming an expert in lacemaking.

There are many instances, of course, that you and I could quote, where time is not wasted waiting, nervously and restlessly, but contentedly doing some congenial productive work. Nurses doing private work must have outside interests and occupation to counterbalance the effect of the abnormal atmosphere with which they are surrounded,—interests to make them cheerful and happy-spirited to go back again to hard work, and to circumstances which are often trying. The private nurse must improve herself in her own work and she must have interests outside her work, and mix with the world.

Who has not come across the nurse who has come home exhausted and worn after a long case, having given out her very best? There are few of us who are not affected by human suffering, or, having seen so much of it, have become indifferent. Should we, however, reach that stage, "a stage of vegetation," then life has lost its purpose.

The question what to do with our spare money, seems certainly most ironical. I have yet to meet the nurse who suffers from spare-money complaint. Most of us think we can barely make a living. I, for my part, am of the opinion that a nurse doing private work, possessing good health, good spirits, and with some enthusiasm left for her work, can make *a good living* and *can* save.

Many nurses have great responsibilities, educating a brother or sister, or helping their parents save. Such women have our greatest respect and admiration, and it is often a question in my mind whether the nurse having no ties might not become a better financier or manager had she some one dependent on her.

It is our duty to save. An endowment policy is a good cure for the nurse who is still young, and who often spends hard-earned money just for a diversion on things she knows she ought to or can do without. The policy stands threateningly between her and extravagance.

By no means am I, however, in sympathy with the woman who saves, works, and slaves for her old age, only, who never can or will allow herself any pleasure. Such a life is bound to be demoralizing to one's better self.

To close our eyes and hearts to the pleasures that are ennobling

and educational, because we must not or cannot afford them, is saving for an old age which certainly will not make us attractive and interesting *old* women. Such a life, I hope, we shall be spared.

We all go through hard struggles. The preparation for old age and what to do with our spare money are problems ever before our eyes, but the only solution is: Save what you can without dwarfing yourself. Be contented and proud that as a "busy bee" you are a useful member of society. Keep before yourself that you have to make and live your own life, according to your own ideas and principles. Be glad that you have "spare time" in which you can develop yourself and be yourself.

STATE REPORTS

THE PRESIDENT.—We have now come to the reports from our state societies. I will call on the District of Columbia first,—Miss Greenlees.

DISTRICT OF COLUMBIA

January 28, 1904, a bill was drawn up and introduced by the Health Officer of the District of Columbia. This was objected to by the nurses and their own bill introduced. This was opposed by the Commissioners and Health Officer. In the District, all matters pertaining to medicine or nursing affairs are referred by the Commissioners to the Health Officer; hence his active interest.

At a hearing before the Commissioners and Health Officer in November we were promised their support if we could combine the two bills, taking the best points of both. As this was practically the only objection the bill was having, we have worked this winter to combine them, knowing that unless we have the approval of the District Commissioners our affairs would stand a very poor chance in Congress.

Our new bill was read in the House January 22, referred to the Commissioners soon after, and hearing given the Nurses' Committee. We were asked to concede the right to name candidates for Nurse Examining Board. Their objection to the District Association was that it was not representative and too changeable. We were also asked to provide for non-graduates. Membership in the District Nurses' Association is composed of graduates from six training-schools, besides a large number of floating nurses, which is always more or less changeable, making the present enrolment two hundred and seventeen, which is supposed to be half the number of the trained nurses in the District. We conceded this point, stipulating that the Board be composed of graduate nurses; as to non-graduates, we inserted a clause saying that one who had nursed four years prior to the passage of the bill, and served one year as a nurse in a hospital, upon the passing of an examination in practical nursing could use the title of "Registered Nurse," this clause to be operative only three years following the passage of the bill.

Upon the return of the bill the second time from the Commissioners, the new points in it were, that all officers of hospitals, asking for registration, pay a fee of twenty-five dollars, and that all rules for the Nurses' Examining Board be made by the Medical Supervisors, and that no Superintendent of a Training-School be eligible for position on the Board. We objected to these, in consequence of which the fee was cut down to ten dollars, and the Medical Supervisors cut out. The clause depriving the Superintendents of the right to serve on the Board remained.

The bill also provided for an appropriation of five hundred dollars for office furniture and stationery, which was later cut down to two hundred dollars. These were the important changes we conceded and gained. The Commissioners then sent the bill to the District Attorney and from him to the House of Representatives, with their approval recommending its passage. It is now with the sub-committee on Ways and Means of the District of Columbia.

THE PRESIDENT.—Miss Freda Hartmann will report for New York state.

REPORT OF THE DELEGATE OF THE NEW YORK STATE NURSES' ASSOCIATION TO THE
ASSOCIATED ALUMNÆ OF THE UNITED STATES

MADAM PRESIDENT, LADIES: When your chairman of the Programme Committee wrote to me early in the year to prepare a short paper as to the past, present and future doings of the New York State Nurses' Association, I intended to write a much shorter paper; since then I have had letters from nurses in at least four different states and one from Canada, asking me about state organization and registration. I have, therefore, prepared a more detailed account of our early work.

The New York State Nurses' Association was organized in 1901; the question which troubled the pioneers in this work was: How shall we organize,—on individual lines, as county organizations, or by alumnae associations? All agreed that the ideal state organization would be by county societies, these county societies to send their delegates to the state meetings. This plan, however, was not found practicable for the immediate work of the association, as all were anxious for legislation. We then agreed upon two forms of membership, individual members who paid one dollar per year and were each entitled to one vote, and associations who paid at the rate of ten cents per capita and had one vote for every ten members, and the privilege of sending as many delegates as the society had votes.

Since then county societies have been formed in seven counties, and have joined the state organization; many of the original individual members are now holding membership in the state association through these local associations.

Simultaneously with the committee on by-laws, a legislative committee was appointed, which drew up the bill providing for our registration law; this bill was passed and became a law on April 27, 1903. As the law has been printed in the JOURNAL OF NURSING I will not quote it here, but any member who is interested may obtain a copy from the secretary. This law has not only affected schools in our own state, but in those of almost every state in the Union, Canada, and other foreign countries, as may be seen from the following figures:

SCHOOLS

| | |
|--|-------|
| Number of New York schools registered..... | 98 |
| Number of schools outside New York registered..... | 126 |
| | <hr/> |
| | 224 |
| Number of schools in state pending..... | 31 |
| Number from other states and Canada pending..... | 57 |
| | <hr/> |
| | 88 |
| Number of New York State schools refused registration..... | 1 |
| Number from other states and Canada refused registration.... | 2 |
| | <hr/> |
| | 3 |

INDIVIDUALS

| | |
|---|------|
| Number of certificates granted..... | 4034 |
| Number before the Board April 1..... | 815 |
| Number in office at Albany waiting to be considered..... | 200 |
| Number pending (incomplete applications, residents of other states, etc.)..... | 466 |

EXAMINATION IN PRACTICAL NURSING

| | |
|--|-----|
| Number of applicants who have taken the practical examination | 103 |
| Number registered thereby..... | 32 |
| Number registered after two examinations in practical nursing (included in the 32)..... | 2 |

The Board of Regents requires all nurse training-schools registered by them to provide both practical and theoretical instruction in the following branches of nursing:

1. Medical nursing, including materia medica.

2. Surgical nursing, with operative technic, including gynecological.
3. Obstetrical nursing, each pupil to have had the care of not less than six cases.
4. Nursing of sick children.
5. Diet cooking for the sick, including (a) 12 lessons in cooking in a good technical school, or with a competent diet teacher; (b) food values, and feeding in special cases, to be taught in classes, not by lecture.
6. A thorough course of theoretic instruction in contagious nursing where practical experience is impossible.

Training schools for male nurses shall provide instruction in genito-urinary branches, in place of gynecological and obstetrical nursing.

Many nurse training-schools wrote to the Board asking for assistance in developing their courses of instruction and in improving their methods of training. The Board of Regents then requested the New York State Nurses' Association to appoint a committee to prepare a uniform curriculum for the guidance of nurse training-schools. This committee was appointed at the annual meeting in April, 1905, and consisted of superintendents of various hospitals. Two members represented large general hospitals, one member a small general hospital, one member a special hospital, and another a homeopathic hospital. The result of their work appeared in the May number of the *JOURNAL OF NURSING* and I will let their report speak for itself.

In April, 1905, a Bureau of Information was created, its chairman making the following report at the annual meeting, held in April, 1906:

"In accordance with the wish of the association, the committee drew up and sent to one hundred and seventy-two hospitals in the state, a form of questions, twelve in number, covering the vital points in training-school equipment: Standards for entrance? Length of course? Hours of duty? If preliminary instruction precede the regular course? Whether instruction begins with theory or in practice? An outline of the course in practical work was asked for, giving time devoted to the different branches of nursing, and a similar outline was asked respecting the theoretic instruction in Anatomy and Physiology, Materia Medica, Food and Dietetics, Elements of Bacteriology, Analysis of Urine, Medical Nursing, including infectious diseases; Surgical Nursing, Gynecological Nursing, Obstetrical Nursing, Infants' and Children's Diseases. The Questions were asked: At what time are your classes and lectures held? Who gives instruction? How much time weekly is devoted to each subject, and the number of lectures, demonstrations and recitations? To the one hundred and seventy-two blanks sent out, there came back fifty-five answers; of these twelve were blank, having no training-school attached to the hospital addressed; three or four more were returned by the post-office unopened. Of the forty-three training-schools heard from, thirteen have established a course of preliminary instruction. Three others are expecting to have such a course within the year. Six schools require high-school graduation of their applicants. Fifteen make one or two years in high school the minimum. The remaining twenty-two take grammar-school graduates, or apparently anything they can get. Ten schools give a three-years course, one gives two and a-half years, nine give two years; the remainder are not given. The twelve-hour day and the twelve-hour night are still almost the invariable rule; one school only has established the eight-hour rule. In addition to the long hours on duty many schools require attendance at evening classes and lectures; the class work required is from two to thirty-six hours weekly; teaching and lecturing is done by head nurses, training-school officers, and the medical and surgical staff of the hospital as a rule; the special teacher, however, is gradually but surely finding place. The final question was: Have you a course in post-graduate work? Three schools give only post-graduate course, one with good theoretic teaching, one with nothing but practical surgical work, and the remaining one is a course practical and theoretic in eye and ear.

A number of regular schools receive graduates of their own and other schools for post-graduate work, but do not outline the course. A general survey of the matter submitted for consideration shows that while the hours are no shorter, the practical work quite as absorbing and exhausting as in former years, very much more is demanded of the pupil nurse now than formerly, in class work."

In the meantime our enemies have not been idle, and during the past winter several bills were introduced into the Legislature, which, if passed, would have seriously injured our system of registration. However, through the prompt and good work of our legislative committee these bills were all killed.

For the future, little can be said, except that we are continually striving to

uplift the educational standard of nurses, work toward county organization of nurses, in order to bring those of the outlying communities into closer fellowship, and to do with our might whatsoever our hand findeth to do.

THE PRESIDENT.—Miss Brobson will give the report from Pennsylvania.

PENNSYLVANIA

MISS BROBSON.—Thursday of last week I received a telegram saying that I was to make a report for the State of Pennsylvania, and I had no idea what they wanted me to tell, but I can tell you what we have done.

In 1903 the state association was organized. As it was late in the season, we simply took that year to get ourselves in systematic order. In 1904 we began to work for the bill and got it in good shape to introduce in the legislature in 1905. It was introduced in the legislature in 1905 early and passed the House splendidly. It was unfortunate for us that our senator did not seem to take very much interest, and kept it in his overcoat pocket. In the meantime the insane asylums and small special hospitals had got to work to defeat the bill. The bill was put before the senate and reported back to the committee. We went to Harrisburg and got it through the committee, as we thought, when, unfortunately for us, the "Boss of Pennsylvania," Dr. Penrose, who had a small special hospital, had it sent back to the committee, and it is still there. This year in Pennsylvania is what we call an "off year," and has been devoted mostly to the original work of getting ready for the fray next year.

THE PRESIDENT.—The report from Maryland will be given by Miss Mary C. Packard.

MARYLAND

MISS PACKARD.—The Maryland State Association held its third annual meeting in January. During the year nearly one hundred new members have been added, raising the membership from two hundred and eighteen to three hundred and sixteen. Up to this time we had had only one meeting. Many nurses felt that the interest in the association would be increased if meetings were held more often than once a year. A meeting was, therefore, held in May, and we propose to hold one in October, the annual meeting still to be held in January. In February of this year an amendment was offered to the Maryland Bill, the object of which was to allow hospitals to send out their pupil nurses to care for the sick without having this disqualify the nurse for state registration.

The amendment, we are glad to report, was defeated, and the Maryland bill now stands just as it was passed. There are five hundred and five nurses ready to register in Maryland. Maryland has an active society working for the prevention and cure of tuberculosis, and the nurses' association has joined this society in a body. Moreover, there is in Baltimore to-day a nurse who is doing district nursing among the poor who are suffering with this dread disease, who is being entirely supported by the Maryland State Nurses' Association of graduate nurses.

We also have a committee whose duty it is to investigate and report the failures and successes of central directories in other cities. While many feel strongly the necessity of such a directory, no definite steps have yet been taken, as the association is somewhat divided as to the advisability of establishing a registry. The association has taken an active interest in the child-labor question, and also in the work of the Red Cross Society, and a committee has been appointed to work with the Maryland branch of that society.

There is an interesting point in connection with the appointing of this committee. A part of the work of this committee will be to act as vouchers for nurses who apply for enrolment as Red Cross nurses. It was originally intended that this committee should be composed of physicians and nurses; but our honorary president, Miss Nutting, whom so many of you know, always stands for nurses for nurses' work. This caused some delay, but at our May meeting we were told that the Red Cross committee had come around to her way of thinking. Moreover, a few days ago, the chairman of that committee called to say that at a meeting held that afternoon they had decided to appoint the committee that the Nurses' Association appointed and to enroll only such nurses as were recommended by them.

This practically put the enrolment of the Red Cross nurses in Maryland in the hands of the State Association of Graduate Nurses.

THE PRESIDENT.—The report from Michigan will be given by Miss Anna M. Coleman.

MICHIGAN

MADAM PRESIDENT AND MEMBERS.—A brief résumé of the nursing organization in this state will enable you to know how the work has developed here.

The first *alumnæ* association organized was that of the Farrand Training-School in connection with Harper Hospital, Detroit, in 1893, with a charter membership of nine ; to-day it has an enrolment of two hundred and twenty-five.

There are now thirty *alumnæ* associations organized in connection with training-schools in this state.

When the Nurses' Associated *Alumnæ* was organized, in 1897, the Farrand Training-School *alumnæ* association was represented at that meeting by Miss M. E. Smith, of Detroit, and the Farrand *Alumnæ* Association is therefore a charter member of the Nurses' Associated *Alumnæ*.

In 1902 the Detroit Graduate Nurses' Association was organized, and consisted of the *alumnæ* associations of Grace Hospital training-school, Farrand training-school in connection with Harper Hospital, St. Mary's Hospital training-school, and individual graduates from other institutions, resident in the city.

The special object was to secure state registration for the graduate nurses of Michigan.

In order to aid in developing a broader basis for state work, the name of the Detroit Graduate Nurses' Association was changed in March, 1904, to the Wayne County Graduate Nurses' Association. It was felt that county associations would in the future be the logical units for successful state work.

On May 10, 1904, the Wayne County Graduate Nurses' Association invited all graduate nurses in Michigan to attend a mass meeting in Detroit for the purpose of organizing. This was accomplished, and the Michigan State Nurses' Association was established. The charter membership numbered nearly two hundred.

The important work of the state association has been the preparation of the registration bill. The bill was drafted and presented to the legislature in April, 1905. It passed the Senate unanimously, but was not considered in the House, owing to its late appearance. It will be presented again in modified form at the next meeting of the legislature, in the spring of 1907.

As a state association we have the honor of having responded to the cause of higher education by pledging ourselves to assist in the endowment of a chair in Hospital Economics at Teachers College, Columbia University. We have to-day \$329.58 for that purpose. To those who have not had an opportunity of contributing to this fund the time has been extended until the next annual meeting.

At the last annual meeting of the state association the Michigan State Federation of women's clubs appealed to the Michigan State Nurses' Association to co-operate with them in the work of improving the condition of the sick poor in the county almshouses.

The affiliation of the state association with the Federation of Women's Clubs is so far as we know the first coöperation along these lines, and is indeed a large field for useful work.

The Michigan State Nurses' Association extends a cordial greeting and welcome to the members of the national association and to all visitors who have honored Michigan by their presence on this occasion.

THE PRESIDENT.—The report from Illinois will be given by Miss Minnie H. Ahrens.

ILLINOIS

MISS AHRENS.—I am afraid Illinois comes to-night a little disheartened. As perhaps all of you know, last year we again lost our bill. Our bill passed both the House and the Senate last year, as it did at the previous legislature, but it was a little unfortunate when it reached our governor. Some one asked me last night why we didn't see to getting the right governor in the chair; I told her we were very glad

to see Gov. Deneen in the chair, because we thought we could go to him with confidence.

While we have been disheartened, but little has been done along the line of legislation, as our legislature will not meet until next year.

During the year interest has been kept up among our nurses. We have had our meetings quarterly. They have been well attended, and our steps have been along philanthropic lines. We have had one meeting on juvenile work, and another one on the vocation of nurses, so that the interest has not lapsed. We hope this coming year, if we do not go up to Springfield for our bill, that we may awaken interest in the bill so that when we do go again we will not come back and say we have failed. I hope at our next annual meeting in two years that we may come here and say that we have state registration in Illinois.

THE PRESIDENT.—We will hear from Virginia, through Miss Bryden.

REPORT OF THE GRADUATE NURSES' ASSOCIATION OF VIRGINIA

The organization of the Graduate Nurses' Association in 1901, the establishment of legal recognition of our profession, and the State Examining Board, mark a new era for the graduate nurses of Virginia. Though a small band of nurses, as charter members,—a mere handful in comparison to other states,—we put forth our best efforts to establish a high and uniform standard of professional education and ethics. Realizing the responsibility of our organization to keep up this spirit of enthusiasm, each nurse pledged herself to work in harmony for one common cause.

At the time of our organization, there were but two alumnae in the state of Virginia, and no local association in any of our cities. Now there are scarcely two schools in the state that have not organized an alumnae, and local associations have been established in nearly all of our cities. Much valuable work has been accomplished by this concerted action, that could never have been accomplished by the individual nurse.

The establishment of our State Examining Board has caused the standard of each school of the state to be raised, to meet its requirements.

Our state board holds examinations semi-annually in various sections of the state, for the convenience of the applicants.

The graduate nurses, realizing their moral obligation to aid in the prevention of tuberculosis, at our annual convention of 1905 appointed a committee to co-operate with the antituberculosis league of the state. We have had very encouraging reports from this committee. A hospital has been established in the mountains of Virginia for tuberculous cases, and in our cities the nurses, especially the district nurses, have been an invaluable aid along this line.

About two years ago a committee was appointed, at the annual meeting, to consider ways and means of establishing a sick benefit fund for the members of our association. Though it has taken us two years to accomplish this work, we feel now that it is established upon a firm basis, and will be of much value to those who fall by the wayside.

The committee on a proposed Domestic Science course, to be established in our schools and colleges, has not lagged in its efforts to accomplish this work. They keep the subject ever before the officers of our schools, and though the southern people are proverbially slow, we believe this can be done in the near future.

It is a great encouragement to find our annual conventions more largely attended each year, more genuine interest manifested, an increase from time to time in applications for membership in the association, and from an organization of less than fifty members we have now about two hundred.

At our last annual meeting, held in May, among the papers read before the convention was one on Hospital Economics at Columbia University. Unusual interest was manifested in this subject, and many suggestions were made in regard to the establishment of a scholarship from the state of Virginia in Teachers College. That this will be done we feel confident, and we will keep the matter before us until it is accomplished.

It is the desire of the Graduate Nurses' Association of Virginia (though we are few, and have little of the world's goods,) to contribute, if only a widow's mite, something towards the endowment of the chair of Hospital Economics at Teachers

College. The graduate nurses of Virginia are ever ready to follow the good example of their sister states, and desire the interest, the good will, and the presence of the Associated Alumnae of the United States.

THE PRESIDENT.—We will next hear from Massachusetts, Miss M. E. P. Davis.

MASSACHUSETTS

The Massachusetts State nurses held a mass meeting and organized in Faneuil Hall, February 26, 1903. Nurses join the society as individuals, not sending delegates. The membership now numbers seven hundred and six. A county branch of the association includes all the state association members residing in a county. Where the number in a county has been found too small for working purposes, two counties have united. The county societies are allowed a councillor for every fifty members, or fraction of more than half that number. Every county is allowed one councillor, even though it may not have more than ten members. The councillors nominate and elect the officers of the state association, and as they perform such an important function, if the county fails to elect a sufficient number of councillors they may be named at the annual meeting of the state society. The state society ratifies the election of the county councillors at its annual meeting. The annual assessment is two dollars; twenty-five cents per capita is allowed the county branches for current expenses. The officers and councillors meet monthly, receive reports, accept applicants for membership, and plan the lines along which work is to be done. The county societies, as a rule, meet monthly, for nine months of the year. While registration is discussed, they have also introduced into their meetings an educational and progressive element, hearing addresses from physicians and others on a variety of subjects. The state association holds its annual meeting on the second Tuesday in June, and holds meetings at such other times as the officers and councillors decide. The work has been entirely along registration lines and in the interest of the profession.

The meeting in Worcester, November, 1905, was noticeably interesting and enthusiastic, many public men taking part in the discussions in favor of the movement.

The first hearing at the State House before the Public Health Committee occurred on February 19, 1904. The opposition came mainly from the state board in medicine, the president and secretary of that board both appearing in opposition, not to "registration," but to a separate commission or board of nurse examiners. They have since changed their base but left their mark, and have made themselves powerless to help or to hinder, as the real opposition comes from a different quarter, in which they play only the part of units. They also objected to parts of the bill which they thought out-of-date legislation, and the crudity of other parts, and especially emphasized the fact that unless we took in everybody that did nursing of any kind we were asking for class legislation, and would never get the bill through. The committee on legislation asked leave to withdraw to amend, and the bill as amended was finally withdrawn from the Committee on Public Health. The Association was incorporated in January, 1905.

The second hearing occurred February 17, 1905. At this hearing the opposition came from hospitals giving less than a two years' course in the hospital, from schools having no hospital connection, and also from male nurses, some of them qualified, some not. Here again the physicians took up the burden of the opposition in defence of those schools and disqualified nurses. The Committee on Public Health reported adversely, and Mr. Walker, of Brookline, who had the bill in charge, advised that it be withdrawn, which was done.

The third hearing occurred on March 21, 1906. The bill had been so modified, and all the opposing elements so conciliated, that it met no public opposition, and yet the Committee on Public Health, who had by this time acquired the habit, reported adversely.

Mr. Walker made the motion before the House that the bill be substituted for the adverse report. The motion was lost, thirty-eight for, and one hundred and five against.

Now what is the matter with Massachusetts?

Some say "Too many commissions already," and though the policy avowedly is to decrease them, more are being created each year (for voters).

The unwillingness of legislators to regard with favor any request for privilege that would put into the hands of women legislative authority is, perhaps, more marked in Massachusetts than any other state of the Union. It is worthy of note that not a Woman's Club, Charity Organization, Philanthropic Society, Uplifting Union, Prevention of Cruelty to Children or Animals, Suffragist, or anything in which women are engaged as independent workers, has bid us "God speed" because they recognize we were working along the same lines and were willing even in so small a way to recognize our efforts.

A certain celebrated general of ancient fame, with his men, marched up a hill and then marched down again. I have always admired the patent reversible military training which sent them down in as good order as they had manifested in their upward progress, but I have speculated too as to what would have happened if they had had a really definite, worthy object in marching up, or if, failing at the first attempt, they had "tried again."

The Massachusetts state nurses have marched up the hill to the State House for three consecutive years, with their bill for state registration, and then marched down again,—as one of our number has tritely put it, "cast down" but not "dismayed"; saddened, but much enlightened; therefore wiser. Being firmly convinced of the justice of their demands and the righteousness of their cause, they are not to be discouraged or disorganized by repeated adverse reports of a committee whose name should stand for something appreciative and, if such a thing exists in politics, a friendly attitude towards the profession,—the Committee on Public Health.

With a firmer determination and a clearer insight into the causes of opposition the Massachusetts State Nurses' Association will march up the hill every year in good order, and down again, if need be, in the same style, till they get state registration for nurses in Massachusetts on their own terms.

THE PRESIDENT.—Indiana, by Mrs. Fournier.

INDIANA

MRS. FOURNIER.—Indiana's report is not ready for you yet, and we don't want you to think Indiana is not doing any work; but I will tell you a little about it, though I cannot give you a written report, because it is not in our hands.

The Indiana State Society was organized in 1903, having for its purpose about what all the other state associations that are organized have,—the betterment of our profession, closer relations of sister nurses, and also state registration. We passed a bill in February, 1905, successfully, and it is now in operation. During the last year the board has registered over six hundred nurses. It was a surprise to a good many workers in Indiana, because they didn't know that there would be so many graduates scattered in different places in the state. We certainly were not condensed in any place. The only alumnae society that was in existence in the whole state, at the time we began to take up state organization, was one in Fort Wayne, Indiana. At this time there are several. We feel it is marvellous what has been done in Indiana. We don't feel elated over it, but we feel so much has been done that great responsibility has been placed upon us, and we have a great deal depending upon us; we must go to work and we can't make any mistakes. We obtained the bill easier than other states because there was not enough organization opposed to it. I think that is the reason. Everything that was brought to bear upon the bill was in favor of it. The opposition was not as active as in other states. Some opposition was made, however, and the bill was somewhat changed.

We wanted that it should require the governor to select a board of registration from names we presented; that was not allowed, although he does select a board of nurses. So we do have a board of registration consisting of nurses appointed by the governor, but he has no one to dictate to him from whom they shall be chosen; the members don't have to be even a member of the state association. But let me say that those who were appointed, at the first meeting of the state association came to us and said they wanted to be members,—some had already joined, and the others put themselves in touch with the state association.

The board has done excellent work in everything. There was no training-school inspector to be appointed by our bill, and they felt the need of a training-school inspector, so they have appointed one of the board of examiners as inspector, and she is engaged at the present time in this work. She visited our school two weeks

ago to-day, and has been visiting all the schools in Indiana; and in talking with her two weeks ago, I found we had been doing better work than we really knew we were doing.

There is now a desire for progress upon the part of a number of small hospitals, and Indiana is supplied with quite a number of them,—necessarily so, because our towns are small, and those small towns need to take care of their people as much as the larger towns to take care of their larger number. They are very glad to meet this training-school inspector to find out what they can do to give to their pupils what they need to have. They don't indicate any opposition, and in one hospital she had been in, they said, "You are just the one we want to see. What are you going to do; how is this going to be brought about?" And I believe there has already been called a meeting of the superintendents of the schools of Indiana to meet with the board of registration for the purpose of conning these matters and coming to some definite conclusion as to what are the best steps to be taken to bring about an affiliation of the training-schools. Nearly all the schools in the state have considered plans, and nearly every small hospital,—not because they are small, because they are all small,—is taking into consideration the necessities of the hospital; and they have arranged for a nine months' course. I am not sure as to the time exactly, but it is already established. This affiliation is coming about because of the work the state association has done in the matter.

If we had been opposed in our bill this might not have been so. I find the passage of the bill has done wonderful good in our state. A meeting such as we have here to-day is the greatest help; to talk one with another and interchange ideas, as we have done here, broadens us and makes us better. We are inclined naturally to the schools where we were trained, and when we have no interchanges we are a little jealous of some other nurse from another school. I am glad the barriers are broken down by meeting together as sisters of a profession.

Indiana has been helping along in that line, and I am pleased with the work we have done and the legislation we have obtained. The legislation was needed, and is doing for us a wonderful work, and I have not told you all it is doing. We sympathize with the states that are having so many difficulties, but it is all helping a good deal, and I am sure they are not sorry for the steps they have taken if they do fail; the persistency they have displayed has been helpful, and I feel that nurses who have organized and battle with these problems can work out the difficult problems and in the end will reap the benefit of them, and the work itself will improve them.

THE PRESIDENT.—We will now hear the report from Ohio. Miss Doe.

MISS DOE.—The president of our association wishes to extend her hearty congratulations to the Associated Alumnae.

REPORT OF THE OHIO STATE ASSOCIATION

The Graduate Nurses of Ohio feel very proud of the growth of the state association, which was organized January 27, 1904, at Cincinnati, with a charter membership of twenty-eight.

Although not three years have elapsed, we now have one hundred and thirty members. At the first annual meeting, held in Columbus, on October, 1904, forty-six new members joined. At the second meeting, in Cleveland, October, 1905, sixty-eight more were added. A few nurses have withdrawn, some have gone to other states, and death has taken one of our members. The meetings were well attended, and much interest was shown, several nurses not taking cases so that they could be at the meetings. Very friendly and cordial relations have been maintained among the officers and the nurses in general.

As our regulations and by-laws state, the object of the association shall be, "The advancement of the educational standard of nurses, and the furtherance of efficient care of the sick; the maintenance of the honor and character of the nursing profession, and the fostering and promotion of cordial relations between the graduate nurses of Ohio, and those of other states and countries." As the first step toward attaining this object, all our energies were directed toward a bill for state registration. The rock of our destruction proved to be our state constitution, which definitely states that "only electors may hold office, even without enrolment." Another section states, "Electors must be male citizens, over twenty-one years of age."

Another objection was that the committee (which we felt must consist of graduate nurses, having at least five years' experience in their profession) would come under the class of "official." So one bill after another was rejected by the state association.

A bill was presented to the House Committee this year. We learned that aside from constitutional objections there would be tremendous opposition from the small hospitals and sanatoriums. We put in another bill which we hoped would pass, but our governor did not sign it. The legislature closed rather earlier than usual, and will not meet again for two years, so that we have two more years to wait.

Although we have not been able to obtain state registration, we are not discouraged, and we intend to follow the motto, "If at first you don't succeed, try, try again." A great deal has been accomplished since we organized, as every city of any size has its graduate nurses' association, all the direct outcome of the state association. We know that we are not alone in our fight for state registration, and there is an old saying that "misery loves company," and I am sure we have company with Illinois and Massachusetts. We hope to get many suggestions from this meeting. Like Massachusetts, though we have no hill to climb, we expect to do a great deal of marching,—on level ground.

THE PRESIDENT.—North Carolina. Miss Wyche.

NORTH CAROLINA

MISS WYCHE.—At our last meeting there were thirty members present. Our membership has grown from thirty-eight, at the time of organization, to ninety-eight, in one and a-half years. We are doing a little along several lines. One thing we want to establish, and have very good reasons to think we can, is a central preparatory school, and if we can get all the hospitals to coöperate with us in it we can get a course put in the college. It now remains with the hospitals whether they will recommend the course or not.

We have only about eight training-schools in the state. It does seem as though we could get these to work together. Out of our eight training-schools we had only eight nurses pass an examination this last week. Only eight came up for examination. Of course this first year there were causes. Some nurses have not finished their course this year, and some were afraid to take their examination, and that cut our number very short.

If there are any questions you would like to ask in regard to any other branch of the work in the state, I would be glad to answer what I can. Our nurses are working along different lines, I suppose pretty much as they are in other states; a few doing district nursing. One of them does mountain district work. She rides horse-back from one place to another all day, eighteen miles or more a day. These patients pay her sufficient to support her for doing this work. She is a very frail-looking woman, but seems to enjoy her work and has done it for several years.

Only two of our schools for girls support a graduate nurse. One is the state normal and the other is the Marvin School. Those two schools employ graduate nurses. I suppose you would like to know what some nurses do who do not nurse all the time. One, for fear she would not have nursing,—there is more demand for nurses now,—worked for a dressmaker at fifty cents a day, for fear she would not get a case for two or three months, and she didn't want to lose that time. Now she has done some nursing for a benevolent association for fifty cents a day until she could get private work, and so she is enabled to do considerable work for the poor in the community while she is waiting for private cases. One nurse gave up nursing and took two brothers from the farm to the university town to get an education, and kept boarders, and from the income of the boarders she has been enabled to stay there four years and pay expenses and keep those boys in college until they finished.

I don't think of anything else that will interest you.

THE PRESIDENT.—Iowa. Miss Grace E. Baker.

IOWA

MISS BAKER.—The Iowa State Association was organized three years ago. Thus far we have had annual meetings, and we have a membership at present of two hundred and five. Most of the work of the association thus far has been along

legislative lines. At our annual meeting last year in June, in Cedar Rapids, considerable time was spent on the framing of a bill which came before the legislature in the spring. The fate of this bill is as follows: It came before the legislature in January; work was done upon it constantly until February, and it was brought before the Public Health Committee of the Senate. The legislative committee appeared before this body and after much discussion it was decided that the bill should be recommended to the Senate providing for an examining board of three nurses. The examining board was the stumbling-block through the whole time. On March 9th the bill passed the Senate, but was amended on the floor in such a way that the examining board was to be the Board of Health. On March 16th the legislative committee went before the House Committee on Public Health and requested that the bill be killed in committee unless they felt that it could be amended and be brought before the Senate again with the provision that nurses could constitute the examining board. So the bill was killed, but we are not discouraged, and we are going to work again on the bill as soon as we have had our annual meeting in Des Moines next week.

THE PRESIDENT.—The report from California. Miss Cooke.

CALIFORNIA

MISS COOKE.—I really have no formal report from our state, and some of it will have to be an informal statement of the work done by our state association. We are a young association, organized in 1903, and at the time of the organization there were forty members, I believe, representing twenty different hospitals, and those were not all in San Francisco, but all over the state, practically.

In 1905, in March, and of course after our organization, our work was directed towards state registration. In March, 1905, a bill drawn up by our state association was signed by our governor. We had the usual trial in getting our bill through, and a great deal of running back and forth between San Francisco and Sacramento, the capital; and finally, after a few amendments, our bill was passed, and acting with the sanction of the governor, who said it was eminently satisfactory, and getting the sanction also of the president of the board of regents of the University of California, we were requested to come under the board of regents of that university, as our governor had declined to establish any new commissions.

We, of course, were delighted, and had a sort of jubilee, and the bill was got into effect in July. Since July we have been working and waiting for the regents to have a quorum, for this important member to return from the East, or China, or recover from something. In November, 1905, we were granted the privilege of going before the board to state our wishes, etc., and in order that the whole state might be represented and duly impress the board with our standing and strength and wishes in that direction, we had our members and councillors come from the different parts of the state.

I will also here state that we have divided the state into six councillor districts, represented by six councillors,—of course one for each district, then three councillors at large, and I think these six councillors were present at that meeting.

At this time some very important business had come up, so that one of the regents must go early and there would not be a quorum. They requested,—or didn't exactly request, but said they could not hear us that day. And our chairman, who was not to be downed at this crucial time, caught the chairman before he got back to the meeting-room, and simply impressed upon him the importance of meeting us at this time; that we had gone to a great expense to bring the different representatives from different parts of the state, that we might not be able to do this again, and that if they could only let us have a hearing it would be very acceptable. Finally they consented to give us just an hour. After the meeting closed we were chatting with them and were rather amused when somebody told us, "Well, we thought you were going to keep us; you know women talk so long." And our chairman, Dr. Grossman, impressed them that we were professional women and hadn't time to devote to long talks.

Then it was arranged that we should meet a special committee, and we were referred to the committee on the colleges of dentistry and medicine. Various incidents came up to interfere with the meeting, and our chairman had to go abroad and the business was referred to another chairman, and another meeting was ap-

pointed for April 10th. That was a most satisfactory meeting. The president of the university was there and the rest of the committee. One of the members of the board had been in the East, in New York State, and had been making careful inquiry into the working of the bill in other states, and we really felt that they were inclined to listen to us and take up this measure; they requested that we present to the board a working plan. Through our attorney a satisfactory plan was presented. They were to consider this plan on April 26th, but they have not done so. We have not given up, and hope still to hear something from the bill that we got through. That is as far as we have gone with our registration.

Our association numbers nine hundred members. The first year, when we were about a year old, we established a journal, and we have found it most useful in keeping our members throughout the state in touch with what is going on in the organization. I will say that we were so ambitious as to call our journal *The Pacific Coast Journal*, with the hope eventually of enlisting the interest of the whole coast. Our third annual meeting is to be held this year at Los Angeles. At that meeting we hope to have representatives from Oregon and Washington. We sent formal invitations to both those states, with a view of eventually forming a tri-state organization; and in that way to include the whole coast, and aid in every way the work on the coast. I think that is really all the report I have to make.

THE PRESIDENT.—This brings us to the end of the reports from the affiliated state associations. At the request of many delegates from the state associations who have to leave the city, we have decided to change the time for the state meeting to Thursday morning, and give as much time as possible to-morrow morning to the discussion of state matters.

Thursday, June 7

MORNING SESSION

THE PRESIDENT.—We have some letters received since yesterday morning which the secretary will read.

“THE COLORADO STATE TRAINED NURSES’ ASSOCIATION.

“COLORADO SPRINGS, COLO., June 1st, 1906.

“MY DEAR MISS CASEY: I regret to say that nobody will be present to represent the Colorado State Trained Nurses’ Association at your annual meeting to be held in Detroit. Your letter was read before the meeting held in Denver on May tenth, and members all over the state have been requested to notify me if any of them should be able to go.

“Regretting much that we cannot be represented,

“I remain,

“Very sincerely yours,

“SUSAN S. HARRIS, R.N.,

“Secretary.”

“SAN FRANCISCO, May 31st, 1906.

“MY DEAR MISS CASEY: I am no longer secretary of the California State Nurses’ Association, having resigned about two weeks ago on account of pressure of other work. As secretary of the association since its inception, as a Californian, as a San Franciscan, I want personally to thank you and the nurses of the Associated Alumnae for your kind sympathy and offers of assistance. You are no doubt aware that never in the world’s history has a city been compelled to face the enormous problem that confronts San Francisco. The immediate crisis in the affairs of the people has passed. Thanks to the generous aid that poured into the city from all over the United States with almost incredible speed, the suffering has been much less than anyone ever dared hope. We realize that it is now time to turn our attention to our own needs,—the needs of the nurses who during the awful days following the disaster thought not of themselves, but worked heroically day and night for the relief of others. It is impossible to give you a clear idea of conditions here. The nurses have scattered all over the state, principally in nearby towns. Some of them left their homes the morning of the earthquake, in their uniforms, to work in the “Pavilion,” where

the wounded had been taken. Later this took fire; the patients had all to be transferred to the Presidio, and the homes of the great majority of nurses burned while they were away.

"San Francisco needs these women; there is still a great deal of relief work for nurses to do, and we find from the temporary central directory that we have established that employment can be obtained for a great many. The relief committee organized by the county society is endeavoring to raise funds to continue this directory, rent a house (rents are high, as houses are few), furnish it, and offer a home to those nurses who have been turned out. Those who can may pay, the others need not; those doing relief work will be given room and board free. We believe this to be the most practical aid to offer the nurses, and will be thankful for any assistance. Contributions should be sent to Miss M. L. Sweaney, secretary of the county society, whose address is 8 Sanchez Street. I regret that I was not able to act as delegate to the convention, but Miss Cooke, the editor of our *Journal* and one of our hardest workers, has gone in my place.

"Thanking you again for your kind letter, I am,

"Sincerely yours,

"THERESA EARLES MCCARTHY."

THE PRESIDENT.—Taking up the unfinished business of yesterday, we have the question of the amendments to the by-laws which have been suggested by the executive committee. The suggestion is to amend Section 2, Article xiv, to read as follows:

(2) "These by-laws may be amended at any annual meeting by a two-thirds vote. All proposed amendments shall be in the possession of the secretary at least two months before the date of the annual meeting, and shall be appended to the call of the meeting.

(3) "These by-laws may be amended at any annual meeting by a unanimous vote without previous notice."

I was saying yesterday that Section 2, Article xiv, is not clear. It is a change in the wording to make it more clear. I would like this to be presented from the floor in the form of a motion. Miss Palmer, will you make the motion?

MISS PALMER.—I move the by-laws be amended so that Sections two and three of Article xiv shall read as follows:

(2) "These by-laws may be amended at any annual meeting by a two-thirds vote. All proposed amendments shall be in the possession of the secretary at least two months before the date of the annual meeting, and shall be appended to the call of the meeting.

(3) "These by-laws may be amended at any annual meeting by a unanimous vote without previous notice."

The motion was seconded and carried.

THE PRESIDENT.—It is also proposed to amend Article xi of the by-laws in reference to the nominations and elections. Section 1 to read as follows:

"There shall be a nominating committee of five (5) members, two (2) of whom shall be appointed by the chair and three (3) by the house.

"On or before November 1st this committee shall issue a blank to each affiliated association; on this blank shall be written the name of one nominee for each office to be filled.

"The blank shall be signed by the president and secretary of the nominating association, and the name of the association appended, and shall be returned to the nominating committee on or before January 1st.

"From these returns the committee shall prepare a ticket of nominations consisting of the two or more nominees receiving the highest number of nominations for each office and expressing a willingness to serve if elected, and the ballot shall be mailed to each affiliated association at least one month before the annual meeting.

"This ticket to be accepted in whole or in part at the will of the convention."

If there are any questions you would like to ask about these amendments I

will be glad to answer them. The points are, that we shall have a nominating committee of five, two members appointed by the chair, and three named from the floor of the house. Then, before November 1st, this committee shall mail a blank, which will be a printed blank, leaving a space for nominations for each office, to each association. The association then shall have the privilege of nominating one person for each office. Associations in the same city may act together so that we will not have scattering nominations. They agree upon their nominations, if they choose. And they shall be sent by the president or secretary of the association to the nominating committee before January 1st. That gives the nominating committee from January to May to prepare their returns. The delegates will then be sent to the annual meeting prepared to vote for somebody they know something about, and you will know who the nominees are before you come here. It is thought that this will be a much more satisfactory way of securing nominations which will be the choice of the associations.

The subject is now open for discussion, if you wish, and it may be put in the form of a motion if somebody is prepared to do so.

MISS McISAAC.—Perhaps, as some of the delegates may not have thought on the subject, I might make a little explanation of the necessity for this change of nominating. You can all easily recognize the fact that it would be very difficult for any nominating committee to make choice of officers for this association from all parts of the country. We are very widely scattered, and we have new associations coming in all the time. When the association was new and small it was not so difficult, but now we are getting larger and larger, and these proposed amendments are a minor matter, but will simplify the work of the nominating committee and make it very much easier, and it will be more satisfactory to all the affiliated associations. In this way we will get nominations from all parts of the country, and it is desirable to get names of women who are capable and willing. When we have delegates from California to Maine we cannot all know one another, and I believe the proposed method will be much more satisfactory.

MISS ROBERTS.—May I ask if all members are eligible for nomination?

THE PRESIDENT.—Yes; any one who is a member of an associated alumnae is eligible.

MISS MITCHELL.—I move the amendment to Section 1, as read, be adopted.

MISS GRAHAM.—I second the motion.

The motion was put by the president and carried.

THE PRESIDENT.—The next subject is the revision of Section 2 of the same article, applying to elections.

It reads as follows:

“SEC. 2. On the first day of the convention the president shall appoint from the meeting as assembled, inspectors of election, as required, half of whom shall act as tellers.

“Polls shall open at ten A.M. and remain open for such period of time as shall be specified by the board of directors in its instructions to the programme committee

“All elections shall be by ballot, ballot-boxes to be provided as required.

“The candidate for any office receiving the highest number of votes is thereby elected.”

The change there is in the time given for balloting. As it is now, we only have the one half day for it. It is difficult to get the ballots in in the required time. Besides, you will come here with your ballots prepared and know how to vote. Under the amendment, the polls can be kept open until noon of the second day, probably, giving a full day and a half, at least, for the election. Are there any othe-

questions you would like to ask, or suggestions to make? Do you think the old way is the better?

MRS. FOURNIER.—I move the amendment be adopted.

The motion was put and carried.

THE PRESIDENT.—Is there any other business anyone would like to bring before the convention?

MISS REID.—I would like to suggest that the programmes for these meetings be printed in our magazines so that we could know what the subjects would be before we come here, and thus be better prepared for the discussions. We were not prepared for the discussions last night. If we could have the programmes printed before we come here, we could know what we were expected to talk about, but as it is, we do not.

THE PRESIDENT.—The only way to remove that difficulty is to have people who are asked to read papers respond promptly to the request of the programme committee. The programme committee has been working hard the last year to get members to write papers, and it was only the week before the meeting that they were able to have their programmes printed in full. It might be a good plan to allot to each association a particular subject they must have some one write upon or take part in the discussion; then we can get the programme printed in the May and April JOURNALS.

MISS HOLMES.—Is it in order for visitors to speak in this session?

THE PRESIDENT.—They are privileged to take part in the discussions.

MISS HOLMES.—We have a strong county association in St. Paul, and twenty per cent. of our members are members of *alumnæ* associations, and we want to know if it can be arranged in the future so that county associations can be affiliated with this body.

MISS DAVIS.—Why could not the county association join the state and then come in by the state association? We would get very bulky if every county association joined us.

THE PRESIDENT.—We are hoping the Minnesota State Association will join us.

MISS DAVIS.—It is just the laws under which the association is organized. The state takes in all nurses from any school, and through that association they are represented in this society.

MISS PALMER.—I want to say a word for women who do not live near their *alumnæ*. I was one of a committee appointed to organize this Associated *Alumnæ* and in that way became a charter member, otherwise I probably would not have been a representative in this society, because I never lived near my own *alumnæ* association, and I have not been in touch with them to send me as a delegate, and I have always come upon my own responsibility and at my own expense until I came in the interests of the JOURNAL, and have had my vote as a charter member. There were only twelve of us who were given charter privileges, so that when one talks about membership and local representatives I feel strongly about it. I think we have some county associations that are made up of the representative nurses of the counties scattered all over the state, and those women have no real direct representation here except where there is one delegate from the state to this association. I don't think our membership is as broad as it ought to be on these lines. I think you will find just as many women in the west as in the east, and women in one section of the state as in another section of the state, who never are delegates to this association, and a great many of them, like myself, who have never had the opportunity of being near their own associations.

MISS GREENLEES.—In the District of Columbia our state association is made up of nurses from different alumnae associations, who are not with their own alumnae, who have lived in the district and never lived in their own states.

MISS BETTYS.—I believe our states will be so thoroughly organized in the next five years that they will have subdivisions and sectional organizations, or something of the kind, and we will come here only as state representatives.

THE PRESIDENT.—Is there any other matter you would like to present here, or is there any definite action you wish to take on this suggestion? If not, we will proceed to the papers of the morning.

The first is, "Are Nurses Being Overtrained?" by Miss Ida Washburn, Boston City Hospital Nurses' Alumnae.

ARE NURSES BEING OVERTRAINED?

The necessity of a discussion upon the subject, "Are Nurses Being Overtrained?" at this time shows that we have arrived at the place where two ways meet, and bids us pause that we may see whither we are tending.

This question has been long in formulating, but it has been only recently asked, when it immediately created widespread interest, from which may be derived the fact that the nurse, her work and her training, its length and breadth, are of vital importance to a large part of the community. We may try to answer this question by asking another: "Why have nurses been trained at all, and what has been the object and aim of their education?" Webster tells us that the verb "to train" means "to educate." Therefore we are at liberty to use the words synonymously, and a trained nurse stands for an educated nurse, a trained woman for an educated one.

It is not possible to dwell here upon the evolution of the trained nurse, which would include a history of the advancement of medical science in the past thirty years. It is enough to say that with the discovery of the germ theory, which made aseptic surgery possible, and the wonderful advancement in the prevention and isolation of infectious diseases, the work for the trained nurse lay at hand, namely, a woman who, above all else, desired to care for the sick, and so placed herself where her services were most needed, and where she, in return for her labors, received such instruction as the times and circumstances afforded. This development was a purely natural one. It was of neither mushroom growth nor hot-bed production.

With great sagacity and far-sightedness, as the history of our early training-schools shows, a few pioneers, some of whom are still living to see the fruits of their labors, hewed out the path which has had such a large following, and which has been broadened in the effort to meet the requirements of the present day.

What are some of these requirements? It is impossible to measure them with those of thirty or forty years ago. Physicians of modern times in our large cities are no longer combating epidemics of such dread diseases as smallpox, cholera, and typhus fever, which have been so nearly stamped out by the untiring efforts of scientists, and are now devoting themselves to the alleviation of suffering by means of surgical work undreamed of in the past, and to still further conquering our pestilences of modern times, such as "The Great White Plague," and diphtheria, scarlet fever, and typhoid.

What part the nurse is to play in this warfare will depend upon her equipment, if she is to be a help, or, through ignorance, a menace.

The question of "overtraining" should be considered from several view-points. In a brief paper this is manifestly impossible. It will, therefore, be necessary to confine ourselves largely to the standpoint of the nurse and to briefly outline her position.

It is to be assumed that a woman over twenty years of age enters upon a profession with some thought and knowledge of what she wishes to accomplish. In beginning that of nursing it is believed that if statistics could be taken it would be found that the majority of women desiring to enter upon this work wish to be near the sick with a view to taking care of them,—that their ambition is to accomplish the preliminary and probationary period as soon and as well as possible, that they may be intrusted with those duties to which they wish to devote themselves. It is believed that the majority look to the hospital and its training-school as the best means to this end. The results of the last quarter of a century justify them in this decision. It is also assumed that the training-school takes a broader view than the nurse herself at the beginning of her training. The managers of our best schools realize the openings for the trained nurse at the present time. They are constantly being called upon to furnish positions of trust and responsibility with women trained to fill such positions acceptably, and it is their ambition to be able to supply this demand. Therefore the accusation that the training-school connected with a hospital is only trying to get its patients taken care of in the cheapest way possible, and only to its own advantage, we believe to be groundless. The fact should be recognized that a training-school has a reputation to maintain which extends beyond the limits of its immediate boundary, and which in itself is an incentive to progress, and to just and fair dealing with its pupils. The nurse's work must primarily be the care of the sick, as it has been, but the trend of medical research is toward prophylaxis, and in this the nurse's position cannot be ignored. The training necessary to

grasp the present situation, with its various complexities, is not one that can be acquired hastily, but must be the result of a broad, thorough, and practical education. What proportion of this she who would become a nurse must bring with her to the training-school, and how much she should acquire during her course, are questions which educators of long experience are engaged in solving.

The same laws of education must be applied to the nurse that are applied to the student of any other art or science. The process must not be one of crowding or forcing, but time must be given for assimilation and proper development. That a three years' course is better than two in which to accomplish this end, is now being put to the test, and this is the result of mature deliberation and careful thought upon the part of those who are in a position to judge of the needs of the present time. The training-school, with the responsibility of the education of the nurse to meet the immediate needs of the patients and with the responsibility which is put upon it by the community to supply nurses to suit all conditions, finds itself in a position calling for much effort and thought. It should, therefore, hold itself receptive to suggestion, and if it assumes the entire responsibility of the training of the nurse for all necessities, prove itself equal to the task put upon it. The breadth of the modern curriculum is a matter of debate.

To intelligently carry out the physician's orders, and assist him in the work he is accomplishing, just how much knowledge the nurse must possess of such subjects as bacteriology, sanitation, ventilation, dietetics, sterilization, disinfection, materia medica, and other sciences, must be left to those who are devoting their best efforts to the decision of this subject from a wise and conservative standpoint, but one thing is certain, that in the light of recent scientific discoveries the nurse cannot be left in ignorance of the vital part she plays toward the well-being of her patient and toward the community at large. Those virtues which are always recommended to be her especial attributes, such as tact, discretion and loyalty, each highly essential in its way, can never take the place of that knowledge and skill necessary to assist the physician in combating disease along modern lines of treatment. A broader work for the nurse than the confines of a single sick-room or hospital ward has opened before her, and the labors of the district nurse, the nurse in the schools, the nurse as tenement-house inspector and in other lines pertaining to sanitation and hygiene, seem to point to the need of women in the community trained in hospitals to carry on a work which by its wide-spreading influence may aid to bring clean and wholesome living into numberless homes.

In view of the crying need in our large cities of work of this kind, it cannot be said that the nurse is out of her sphere, for if a woman's hand is needed, should it not be that of one whose efforts have been directed along these lines and whose natural inclination prompts her to assume these especial duties? It is, then, of the utmost importance that the school should keep abreast with the progress of the times. There can be but good growing out of the agitation of these questions, and nursing schools can but be benefited by a discussion which naturally calls for some introspection.

How is it best possible for the training-school, with the time and means at its disposal, to turn out a finished product, if the pupil may be so considered, at the end of her course, to meet the greatest need most acceptably? That managers of such schools have had the subject close at heart we have only to look about at the progress that has been made, and to see at the present time the efforts directed toward the establishment of a course that shall be a proper combination of the theoretical and practical. The end is not yet, but much has been accomplished. If the goal had been reached and perfection attained, why should such radical changes in the training-school have been made, and have they not been largely brought about through the efforts of graduate nurses who have felt their own deficiencies and have realized under what great odds their own education was received?

It is too old a story to repeat here of the disadvantage to the probationer and to the patients that the former's first days in the hospital were spent in a busy ward, her only teachers being the nurses whose moments were crowded with their own duties, and to whom the probationer appeared as an added burden. The time will come when this system will be remembered as a most unfortunate one, but the steps which led to its removal, the thought and effort of those who attained preliminary training in spite of prejudice and opposition, will be forgotten.

The question now arises, How much can the hospital do for the members of its training-school?

The subject of expense must, unfortunately, be considered. No one will deny that this is an extravagant age. Hospitals are vying with each other in the expenditure of large sums of money upon buildings and showy equipment, and the training-school shares in the general cost, with the result that at the end of the year the hospital may be confronted with a deficit and lays itself open to the criticism of an outlay without sufficient return. The hospital is obliged to confine itself to certain limits, remembering what an important

factor its training-school is and how much its own reputation depends upon its nursing and the character of its graduates. "The chief duty of a hospital," says an eminent authority, "is the care of the sick, but a hospital has a second important duty to perform, that of education." This twofold work has gone on hand in hand. One has supplemented the other, and it has been the aim of the management of the hospital to keep the balance carefully adjusted. A training which is accomplished at the expense of the comfort of the patients may be termed "overtraining," or, as some one expresses it, "a state of overtraining and under-nursing," but how many hospitals and training-schools will answer to this charge? Are we to understand by the term "overtraining" that nurses are in danger of reaching a condition where the patient's comfort and well-being is lost sight of in the study of symptoms and disease from a scientific standpoint, and that in the absorbing interest of each new subject presented, the hourly and daily needs of a sick patient will become irksome to the aspirant for seemingly higher honors? Or is it simply a mathematical problem, namely: Will the hospital by adding more hours of study for the nurse lessen the hours of nursing for the patient? Obviously not, for this would bring about such a condition of affairs resulting in such a train of errors, as far as the welfare of the patient is concerned, as would not be tolerated by any well-conducted hospital at the present time. The result is necessarily that the nursing force must be increased, and sometimes it must be confessed that the training-school finds itself in an embarrassing condition as far as quantity and quality of applicants is concerned. This may be looked upon simply as a sign of rapid progress and competition which with time will adjust itself to a proper balance of supply and demand, aided by a more uniform curriculum and a fixed standard. This it seems can only be reached by the willingness of training-school authorities to meet on the common ground of discussion and receive from each other the results of their varied experience and thought. Happy is the hospital which, by its environment, reputation and the excellence of its opportunities offered, can draw to its doors a large number of applicants from whom to select only those who seem best fitted to enter upon this work, and after having given such applicants a fair trial, can drop those who have not given evidence of high capability and promise of powers of development sufficient to meet the exactions of the present day. Does not, after all, the root of the matter lie in the character of each individual applicant? It is she, later on, who is by her conduct to bring praise or blame

upon her school and the whole nursing profession, and she should be looked upon in this light from the very start.

The sentiment of the community in regard to the nurse has changed, nor would we have it otherwise. She is no longer spoken of on all occasions as an angel of mercy, nor do her admirers drop into poetry in recitation of her deeds, but a much more sane and practical conception of her value has taken the place of this adulation. This change is but natural, since nurses were set on a pinnacle so high that a fall was inevitable, and it is also a sign of the times, an age of competition, strenuous effort and unrest. In view of this change of sentiment, which, on the whole, is much more to be desired, let us not allow the pendulum to swing too far in the opposite direction without making an effort to see what is said and thought by our critics. Since the nurse has become the subject of rather general comment, favorable and otherwise, a complete outline of these statements is impossible, but a few points may be touched upon as showing the trend of opinion.

If a feeling of independence on the part of the nurse is recognized by her critic, it is doubtless present, for women are becoming more self-reliant every day; there is no denying this fact. Independence is in the air she breathes, and is manifest in all other walks of life. In a woman of thorough education and great capability this trait will be tempered by modesty and a realizing sense of the fitness of things. Nor is there any proof that nurses in desiring a higher education have any motive other than that of becoming nurses.

The fear that nurses will consider themselves doctors should be entirely relegated to the past. The way for women to study medicine is now open to those desiring to become physicians, and the nurse's position is and should be firmly fixed as one who wishes to be an assistant to the physician in every sense of the word. If a nurse wishes to study medicine and become a doctor, it is no more argument for or against than that a man having studied one profession takes up another, as is frequently the case.

With this advancement in technical training, is there any reason to suppose that the ethical training has become any less clearly defined, and is it not evident that in the nurse's effort to obtain a standard by means of legislation for herself and her sisters she has shown a growing, rather than a diminishing, sense of obligation toward the physician and the public at large? That any ulterior motive should be assigned, we believe to be an injustice which would not be borne out by results. The instructors who have given their lives toward

erfecting the art of nursing are living and are with us, and we feel their enthusiasm and inspiration.

If this should be lost, as time goes on, and a spirit of selfishness and commercialism take the place of the spirit of service, then, indeed, would trained nursing prove itself a failure, but not until then. Those who are privileged to have known some of the pioneers in this great work, both physicians and nurses, realize the devotion and self-sacrifice which they put forth and with which they tried to imbue their pupils, and it is this spirit which must be cherished and nurtured, for no amount of scientific knowledge can take its place.

One and perhaps more societies have been formed of late with the object of the education of the nurse in view. At the meetings of these societies opportunity has been given the instructor, the patron and the friend of the nurse to express their opinion of the status of nursing at the present day, and the criticisms that were offered were to the effect that whereas the nurse was seldom found lacking in technical training, she frequently missed those crowning virtues of neatness, order, tact, and discretion and occasionally became a disturbing element in the household, or, in other words, was possessed of some of the frailties of human nature.

Can any school or college, whether of nursing or other science, be expected to eradicate all the faults of the race, and should not these errors be looked upon as individual failings, to be found wherever individuals are found, whether they be clergymen, teachers, physicians or nurses? That these errors are a product of "overtraining" we believe has yet to be proved. That they are due to imperfect training is a matter for consideration.

Let us, however, take warning that it is of no value to train the intellect, the hand, or the eye, at the expense of the cultivation of the human sympathies. The instructor whose motto is, "The sick are with us and must be cared for," and who keeps before her pupils' eyes the fact that the patient's comfort is the nurse's first duty and interest, can hardly be accused of fostering a system of "overtraining." It is the aim of every institution of learning to offer to its students that course of study which shall fit its graduates for all that is highest and best in whatever profession they may select. Nor should this standard be too high for her who has chosen the important vocation of nursing; but, in return, each graduate should not lose sight of the fact that it is by her actual work in the care of each patient under her charge, or by the influence she exerts in whatever line of nursing work she is engaged, that shall decide the question, "Are nurses being overtrained?"

THE PRESIDENT.—I would like very much to have some discussion on this paper.

MISS NEDWILL.—I would like to ask if any progress has been made in the direction of obtaining paid lecturers for nurses?

MISS WASHBURN.—I think I will answer that the Boston General Hospital and the Massachusetts General Hospital have been furnishing paid instructors for some time.

MISS NEDWILL.—The Protestant Episcopal Hospital in Philadelphia has been furnishing paid lecturers for many years, and I am sure it is a great improvement upon the old system. I was trained under the old system. Very often we would wait a whole hour for the lecturer, to find that he had been detained by a very important operation in a distant part of the city, or was otherwise engaged in his profession, and we would go to our rooms without having had our lecture. Now we have our paid lecturers, who give all our lectures except those given by the different nurses; and I am sure it is a much better way.

MISS JAMMÉ.—May I ask what school this was?

THE PRESIDENT.—The Protestant Episcopal, of Philadelphia.

MISS PALMER.—I am sure there are some here who can speak who have knowledge of schools that are paying for lectures for their nurses.

MISS KRUER.—Are you discriminating between internes and lecturers?

MISS WASHBURN.—I am speaking of lecturers.

MISS RANDALL.—The Presbyterian Hospital, Philadelphia, has paid lecturers.

MISS NEWHART.—In the Presbyterian Hospital, New York, the lectures are not paid for, and are given by doctors, but we have a masseuse who is paid for her instruction, a Swedish woman, and we have voice culture, and reading, and demonstrations, that are paid for, but all the lectures are given by professional men who are connected with the institution.

MRS. TWISS.—The New York Hospital has the same system as the Presbyterian.

MISS FORBES.—Isn't there a difference between a masseuse and instructors and lecturers on other subjects, wider subjects, more general subjects? Isn't it better to have perhaps younger men, who make it their business to be there, rather than an older man who does it as a member of the board?

THE PRESIDENT.—I would like to hear some opinions as to whether nurses are being overtrained.

MISS PACKARD.—Ought we to have men for instructors? Why don't some nurses take this up as a profession, coming from schools touching upon these different lines?

MISS ALLINE.—We have a school of economics where nurses are trained to give instruction in these branches.

A DELEGATE.—I am sure training-schools are not ready to accept nurses as teachers. I know one woman who made a very strong effort to do that very thing, a woman who had prepared herself to do it, but training-schools were not ready to accept her.

MISS JONES.—Madam President, we have a graduate nurse who has a class in physiology in a Philadelphia hospital. A Johns Hopkins nurse, after graduation, received a position as instructor or assistant in a training-school, and gave demonstrations.

MISS PALMER.—In Rochester, N. Y., we have a graduate who teaches physiology and has done so for several years, and we find it very satisfactory. Then we have had one who lectured on bacteriology.

It has seemed to me in some institutions where I have been, out in the state

of New York and in other sections, that the development of teaching nurses is going in two directions. The largest and best hospitals have women of practical experience who are employed to be instructors in a great many ways. And there is another kind of school, the smaller and perhaps more isolated school, that has no way of getting women of practical experience. These substitute very largely an extended course of medical lectures. I think in that way the training-school is not developing along proper lines; and we have schools that could get good, all-round practical instructors, and yet they are elaborating more and more their lecture-courses. I think that is an unfortunate method of development, and I think that is tending to injure our training. Of course we are hoping that these schools will broaden their training by affiliation with other schools. But if you go about, as I have done, visiting many places, and look at the curriculum of their schools, you will find perfectly tremendous courses of medical lectures, that it seems to me no ordinary woman can grasp; a woman of ordinary education can't appreciate or use them. I think it has a tendency to develop the schools on slender lines in all of these ways. Then there is a tendency to substitute for good practical methods an elaborate system of medical instruction.

MISS FLATT.—May I speak for a small school where we are not having paid instructors or a very large staff? We have eliminated down to a small staff of instructors. In medical and physical instructions we have had the same men for four or five years, men of skill and large experience, and we find they are eliminating technical medical terms and are running upon the more practical lines, and the nurse is getting much better satisfaction. It seems to me for the middle class of nursing what we need is to have advice and assistance in nursing as well as along medical lines.

THE PRESIDENT.—We will have to go on now to the next paper, "The Work of the Red Cross," by Miss Mabel T. Boardman, member of the Executive Committee, American National Red Cross. The paper will be read by Miss McIsaac.

WORK OF THE RED CROSS

The very inception of the Red Cross was due to the idea of providing adequate medical attendance and nursing for the sick and wounded in time of war, and therefore there is no class of persons to whom it must more strongly appeal than the trained nurses. At the time of the battle of Solferino, when thirty thousand men were left dead and wounded on the field, and the wounded were without medical attendance or care of any kind, a Swiss gentleman, M. Jean Henri Dunant, aided by the peasants of a nearby village, did all that he could for the thousands of suffering and dying men. So impressed was he with the horrors of such a situation, that he published, in 1859, a pamphlet entitled "A Souvenir de Solferino," calling public attention to the frightful, unnecessary suffering of the wounded on a battlefield because of the lack of a sufficient number of medical officers and of nurses. This pamphlet aroused much public interest, and in 1864, by invitation of the Swiss Government, a convention of representatives of many of the great powers of the world assembled

at Geneva, and the "Treaty of Geneva," providing for the neutrality of those caring for the sick and wounded in time of war, for ambulances, hospitals, etc., was prepared and signed by most of the nations represented at this convention. This International Conference, moreover, passed the following set of important resolutions:

ARTICLE I. There shall be in every country a committee whose duty it will be to coöperate in time of war, by all the means in its power, with the sanitary service of the Army.

This committee shall organize itself in the manner which may appear to it as the most useful and expedient.

ARTICLE II. Sections, unlimited in number, shall be formed, in order to second the committee, to which the general direction will belong.

ARTICLE III. Every committee shall place itself in communication with the government of its own country, in order that its offers of assistance, in case of need, may be accepted.

ARTICLE IV. In time of peace the committees and sections shall be occupied with the means to make themselves really useful in time of war, especially in preparing material aid of every kind, and in endeavoring to train and instruct volunteer nurses.

ARTICLE V. In the event of war, the committees of the belligerent nations shall furnish relief to their respective armies in proportion to their resources; in particular they shall organize and place the volunteer nurses on an active footing, and, in conjunction with the military authority, they shall arrange places for the reception of the wounded.

They shall solicit the assistance of the committees belonging to neutral nations.

ARTICLE VI. On the demand, or with the concurrence, of the military authority, the committee shall send volunteer nurses to the field of battle. They shall there place them under the direction of the military chiefs.

It will be noted that three out of the six resolutions dealt with the subject of providing nurses in case of war, showing how important this Conference regarded that special part of the Red Cross work. In the great European Red Cross Societies, therefore, special attention has been given to this department of the Red Cross organization. In the British Red Cross there has been an Army Nursing Reserve Division, but, as the Red Cross has lately been reorganized in England, this reserve has now become an integral part of the Red Cross Society. In France the Red Cross has a number of training-schools for its nurses, from which it has graduated several hundred nurses. In Germany the particular duty of the women's branches of the Red Cross is the providing of trained nurses, and in that country the Red Cross nurses stand particularly high in their profession, being much sought after by private patients. The Austrian Red Cross has over nine hundred nurses, and the Hungarian has likewise a large and efficient corps. In Russia the mainstay of the Red Cross has been its splendid corps of trained women nurses. These nurses belong to lay sisterhoods, and there are a number of large Red Cross hospitals under their management, in which these nurses are trained.

During the late war with Japan the Russian Red Cross supplied

three or four thousand nurses, all of whom had received, besides their regular training, a special course of six weeks for the requirements of nursing in time of war.

The other European Red Cross Societies are likewise well organized in regard to this nursing service.

The Japanese Red Cross educates its own nurses, and the only women nurses in active service during the war with Russia were all educated and provided by the Japanese Red Cross. A limited number of men nurses was also provided by the Japanese Red Cross. In all, forty-seven hundred trained Japanese Red Cross nurses were in active service in the Medical Departments of the Army and Navy. These nurses served in what was called relief detachments, consisting of two surgeons, one clerk, a commissary officer, two superintendent nurses and twenty nurses. Some of these detachments with men nurses were sent to Manchuria. The others, with the women nurses, served on the two Red Cross hospital ships, on the army hospital ships, and in the army and navy reserve hospitals in Japan.

These Red Cross nurses are given their education and sign an agreement with the Red Cross Society that, if their services are required by the Society within fifteen years after their graduation, they will respond immediately to the call.

The testimony of all of our military and naval medical attachés who have been with the Russian and Japanese forces is unanimous in its commendation of the trained nurses of these two great Red Cross Societies. Their patriotic devotion to the service of their country, in the caring for the sick and wounded, has been as useful and as loyal as any rendered by the soldiers of the belligerent powers.

It is the aim and purpose of the American National Red Cross to have the standard of its personnel for active service on as high a plane as is that of these other societies. It will be an honor to be accepted as a Red Cross nurse, and, on the other hand, with our Red Cross nurses will rest much of the honor of our national society.

In time of war, the personnel of the American National Red Cross will become immediately a volunteer adjunct of the army and navy medical services, and act under their orders and instructions. In time of peace, when the society undertakes any work of relief, because of some great calamity or epidemic, the Red Cross branch of the state in which the calamity or epidemic occurs will take charge of the work of relief, and provide from its enrolled medical officers and trained nurses an efficient corps for the required relief work.

The Society has two forms of agreement for its nurses, one in case a nurse is so situated that she feels at liberty to give her ser-

vices, and the other providing for the same salary as that paid to army nurses.

NURSES' AGREEMENTS

"I hereby agree to hold myself in readiness and to enter the service of the American National Red Cross when and where my services may be required as a nurse, without compensation except transportation and subsistence."

"I hereby agree to hold myself in readiness and to enter the service of the American National Red Cross when and where my services may be required as a nurse, with compensation at the rate of forty dollars per month when on duty in the United States, and fifty dollars per month when without the limits of the United States, in addition to transportation and subsistence."

This does not mean that any nurse who is in charge of a patient will be taken away from the case, as it is the intention of the society to have enrolled a sufficient number of nurses to provide an adequate corps from the disengaged nurses for relief work in case of a sudden calamity. In case of war, its nurses will go out in instalments, and not all at once. The full number of medical officers and nurses enrolled will be reported annually to the Surgeon General's Department of the Army.

The national society has adopted the following rules for the enrolment of nurses by the various branches. When a large number of nurses have been enrolled by the society, arrangements will be made for special instruction in the requirements of nurses in time of war. The earnest and sincere interest being shown by our trained nurses in the Red Cross promises for our national society a large, efficient and splendid trained nursing service.

RULES GOVERNING THE ENROLMENT OF VOLUNTEER AND PAID NURSES FOR SERVICE UNDER THE AMERICAN NATIONAL RED CROSS

1. All nurses enrolled for service under the American National Red Cross shall be required to show a certificate of registration when enrolled in States or Territories where registration is required by law. Nurses enrolled in States or Territories where registration is not required by law shall show a certificate or diploma of graduation from a recognized training-school for nurses requiring a course of not less than two years.

2. No nurse under twenty-five years of age shall be enrolled for active service.

3. All applicants shall be required to give a physician's certificate of sound health and unimpaired faculties, which certificate shall be renewed every two years.

4. The moral character, professional standing and suitability of applicants for enrolment as nurses shall be determined in such manner as the branch society may prescribe.

THE PRESIDENT.—Are there any questions any one would like to ask in regard to the Red Cross? Are there any reports from any states?

MRS. GREY.—I would like to say that the executive board of the Michigan branch is arranging to have its corps of nurses selected by the state association of Michigan.

MISS BROBSON.—I would like to ask what honor it is to belong to the Red Cross, when it allows nurses turned out,—one hundred and fifty or more,—from ten weeks' schools to use the Red Cross and wear Miss Clara Barton's picture?

THE PRESIDENT.—Can any one answer that?

MISS MANLEY.—If I am not mistaken, the Red Cross is making a movement against that sort of nurse using its emblem.

THE PRESIDENT.—At the meeting of the superintendents' society in New York, the subject of a school in Philadelphia claiming affiliation or some connection with the Red Cross society was brought up, and it was stated that they are taking steps to have that eliminated. Also, the red cross, as an emblem, has been used as a trademark before it became the special mark of the Red Cross Association, but no future societies will be allowed, or no corporation or organization of any kind, to use the red cross. But we cannot make a law that is retroactive, and in that way prevent those who are already using it from using it. But they are doing their best to make it known that those schools have no recognition from the National Red Cross Society.

We will now have a paper on "Nurses' Training-Schools in Relation to the Young Women's Christian Association," by Mrs. H. E. Coleman, of Ann Arbor, Mich.

NURSES' TRAINING-SCHOOLS IN RELATION TO THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION

I most certainly feel very much like the guest without the wedding garment, as I am not permitted to wear the uniform of a nurse. I have been very glad to hear the papers this morning, and to see how exactly in accord with the work you are doing is the work of our Young Women's Christian Association. I was reminded of a talk I had a short time ago with the president of a college where young women are now sent to get an intellectual training for the society and communities they are going to enter, and the great problem is how to get the good Christian character which is above all. I am sure there are a good many of you who are trying to solve this same problem about nurses who are about to go out to represent your training-schools, and who are to go out to represent this profession. Some of you may have thought of the relation between the Young Women's Christian Association and a Nurses' Training-School. I assure you the Young Women's Christian Association is the very best training-school that has ever been established.

I am glad you have met in this Young Women's Christian Association building, and I hope some of you have said to yourselves, When I go back home I am going into the Young Women's Christian Association, because I like the fellowship and spirit of it. Some of you may not know of the beautiful influence you will find there; and I am sure you will find the same fellowship and welcome. I am sure some of you look back on your college life and will remember

the college Young Women's Christian Association, so that we are not all strangers.

I think you understand the great growth of our association in the schools. First it started in the normal schools, then the universities and colleges and professional schools, and last of all in the private schools, and its influence is of special value in a nurses' profession and life. I wonder if you know that there is practically no college, university, normal school or professional school in these United States of standing,—and I say this advisedly,—practically no school of these characteristics of standing that does not have a Christian association. That in these United States alone there are over six hundred college young women's associations. And so, when I say that I am glad we have a nurses' association, I am saying that I am glad you are coming into fellowship with this great body of students. I wonder if you know that some girls in the colleges and universities had hardly known of its influence, and were perfectly amazed to find how much it adds to student life, with all the characteristics of fellowship and love. And our hope is that there shall be no college in the world without this bond of student life, this life that holds all that is best in Christian womanhood, that trains the heart as well as the mind.

MRS. GREYER.—Madam Chairman: This is a subject that interests me very much. Many years' experience in training-school work has taught me that in spiritual teaching there is, in training-schools, a neglected field. The pressure of duties in the strenuous life of a hospital crowds some things out, and unfortunately too often they are the great vital things which make life worth while. The lack of spiritual teaching and of spiritual thinking too often makes a lack of right acting; and I believe that in the work of reform and of higher development, in which we are all interested, and for which we are striving, we will get better results the more we cultivate the Christian character, and Christianity will not flourish without cultivation. We need to employ every means taught us by the Great Founder of Christianity to develop the good in our nature. This seems to be one of the means of furthering the development, and I heartily welcome the Young Women's Christian Association to the Farrand Training-School.

The beginning was made only this spring, by forming a Bible class open to all of the nurses. One of the secretaries, Miss Rutherford, volunteered as our teacher, and has been a great help to us. The class meets for one hour, from 7:30 to 8:30, on Saturday evening; and from the interest that has been manifested by the nurses, I believe that it has come to stay, and be a permanent feature of our school.

I believe, also, that many of those problems that are vexing us now for solution will be solved easily when we give more consideration to the ethical features of our profession, when we are actuated to do our work more and more through the exercise of the spirit of compassion and of love.

MISS MARY E. LUNTLE.—I would like to speak both from a nurse's standpoint and as a member of the Y. W. C. A. Our nurses will all get great benefit from the influence of the Y. W. C. A. The trained nurses are welcomed by the Y. W. C. A.

THE PRESIDENT.—We all feel very much indebted to Mrs. Coleman for coming here to-day and giving us this outlook upon new opportunities, and we hope all who are interested, and all will be interested, may get all the information they can while they are in this beautiful Young Women's Christian Association building.

MISS HAARER, Ann Arbor.—I am not prepared to speak on this subject of the Y. W. C. A., but I am familiar with the work in the Michigan University Hospital. I can say the Y. W. C. A. has filled a long-felt want, and especially for those who are inclined to draw away from the church, from one cause and another; and it seems to bring to them an exalting touch, if it does nothing more than to lead us to studying the beautiful and helpful Bible, instead of spending our time in our rooms gossiping, which we all know is done in every training-school in the country.

One thing I have never been able to understand, and that is, how any woman can be a good nurse without faith. If I could not explain my own faith and my creed, and if I hadn't something of the kind to fall back on in time of trouble, and even to help the patient,—which, of course, is the most important thing,—I don't know how I could be as successful as I have. I can't understand how any one who has not faith can be a good nurse. Because surely in time of sorrow and trouble, though we never mention God, our patient must feel whether or not we have a confidence and trust in a higher power. It certainly should exceed anything in human skill.

MISS SIBLEY.—I attended a school three years ago, where fifty nurses met regularly every Saturday evening in the class-room to hear some person from the Christian Endeavor Society, and we spent some time in song service, and at other times we all took some part in it, and then we had a regular Bible class in the training-school, which the nurses attended, and that was carried through to the end of the course. They have done considerable towards helping the suffering nurses of San Francisco, and the influence of the Bible class and Christian teaching was of great benefit to the nurses.

MISS HANLIN.—I would like to say that this topic is a real inspiration to me this morning. I have never thought much along this line, though I have always been interested in the subject myself, but have not been very active. In fact, paying my dues to the association is about all I have done.

MISS BETTYS.—I have always kept my interest in church work. I live now in Ypsilanti. I have done but very little Y. W. C. A. work, but I am going home now with fresh inspiration, for I feel that there is a great deal for us to do along this line; for so often does the nurse have to act in the capacity of physician, priest, and nurse, especially away out in the country.

THE PRESIDENT.—We will adjourn the session of the morning now. Those who are interested in state work will please remain, as we wish to have a short meeting for discussion of state affairs.

MEETING OF STATE REPRESENTATIVES, MISS SLY, OF MICHIGAN, PRESIDING

MISS SLY opened the meeting by giving a short résumé of the work accomplished thus far by the Michigan State Association. They will present a bill to the legislature in 1907.

MISS BROBSON (Penna.) wished to know what could be done to interest nurses in state work

A DELEGATE.—How do you secure good press notices?

MISS BROBSON.—We had a press committee which arranged that, and secured very good ones, but they did not help us.

A DELEGATE.—There should be nurses in each locality where press notices appear, to follow them up by personal work.

MRS. FOURNIER (Ind.)—Our bill was helped by direct letters to senators and representatives, and the different medical societies of the state passed resolutions in our favor. Personal work counted most; we designated to each person a special congressman to write to or see.

MISS HARTMAN (New York).—May we hear Miss Palmer's opinion?

MISS PALMER.—When we were working on our New York bill I was a member of the publication and press committee. We got up an article and got a leading Republican newspaper to publish it. We took the Republican official organ for our official organ. We bought copies of the paper and sent them to women in out-of-town places, asking them to put similar notices in their local papers.

The influence a committee has with a legislature is not so great as the influence of the legislator's constituents. A legislator will be influenced for or against a bill because a nurse at his home has talked with him in its behalf, or he will oppose it because a hospital in his locality does not look upon it with favor. Try to reach the voters through their home people.

MISS BROBSON.—That plan would not have worked with us, for Pennsylvania was ruled by one man and we could not get him.

A DELEGATE (Maryland).—Individual work of nurses helped us most. Circulars were sent to each nurse, and some were appointed to see each legislator. On the day the bill came up, a letter explaining it was on the desk of each.

MRS. FOURNIER.—It is well to have a person appointed to each district and let her subdivide the work of that district among others.

MISS GREENLEES (District of Columbia).—We have the smallest state but the largest body of legislators to deal with. I want to ask nurses all over the country to write letters to their national senators and representatives in our behalf. We would rather have these letters sent, not directly to them, but to the association of the District of Columbia, so that they can be mailed when the right moment for using them comes. We want the influence of the whole meeting.

MISS PALMER.—We ought to have a sectional meeting in connection with the meeting of the Associated Alumnae, at which state problems could be discussed.

MISS HARTMAN.—I move that this body recommend this at the afternoon session.

The motion was seconded by Miss Coleman, of Michigan, and carried.

MRS. FOURNIER.—In connection with this I want to say that as it is so difficult to get at each other's methods, it would be well to have an interstate secretary appointed for the exchange of information. She could get the printed reports from each state society and distribute them to those who asked for them.

MRS. WILLCOX (Conn.)—We have state registration. We personally interviewed each senator and representative. The State Medical Society helped us by sending letters in our favor to all of its members, and they went to the state house in large numbers when the bill came up to show that they wanted it. They thought we would not need a lawyer, so we started without one, but at our first hearing several sanatorium doctors were present with a clever lawyer to oppose us, so we asked for an adjournment and employed a good lawyer.

MISS AHRENS (Ill.)—How are the funds for legislative work raised?

MISS BROBSON.—We have one dollar admission fee and one dollar annual dues.

MISS COOKE (Cal.) —We started with nine hundred members, and taxed each one dollar for a legislative tax. This was paid in addition to the admission fee and dues. Our secretary gave three months of her time wholly to this work, and was

paid seventy-five dollars a month. Our dues formerly were: initiation fee, two dollars; annual fee, one dollar. We have now raised the annual fee to two dollars. For the next three years all applicants for membership must also pay the legislative tax of one dollar.

MRS. WILLCOX.—Our initiation fee is two dollars; annual fee, one dollar. From this we have paid all our expenses and have a surplus in the treasury.

MISS DAVIS, (Mass.)—Our fees are two dollars. The work by members has all been done gratuitously. We think we can better plead our own cause before the House, if we ever get there. Our bill has been criticized. It was drawn up by a lawyer, and his bill of twenty-five dollars has been our only expense. Letters were written to every member of the legislature. The laws of Massachusetts are peculiar in that the bill goes to the committee first, before being presented to the House. Ours has gone to the committee, and stays there. We can't get it out. We were advised to try to get a majority of the voters in the House and see whether they could vote down the committee, but we did not succeed.

MISS DAVIDS (New York).—Our funds were raised in the beginning by voluntary subscriptions and a ten-cent per capita tax. Now the individual fee is two dollars, and there is a twenty-cent per capita tax. When an amendment in opposition to our bill was introduced into both houses by members from Brooklyn, the nurses in Brooklyn went to work and the amendment failed.

MISS AHRENS.—When more money is needed to meet legislative expenses, is it better to raise the dues or tax the members? Both times our bill has been up there has been special taxation to meet expenses. The question now before us, to be decided at our next meeting, is whether we shall raise the dues.

MISS COOKE.—If you raise the dues, you have solved the question for all time.

MISS DAVIDS.—We are thinking of reducing our dues now.

A DELEGATE (Virginia).—Our dues are two dollars, one dollar of which is for sick benefit. We meet in different cities of the state to arouse interest in different sections. We have decided that if we do not receive invitations enough we will invite ourselves, hire a hall, and pay all our own expenses.

MISS WYCHE (North Carolina).—We got our bill through without any money. The lawyers who helped us made no charge for their services. There was some trouble over the clause against sending nurses out for private duty during the first two years of their training.

A DELEGATE.—What are the registration fees in the different states?

All those who spoke gave the registration fee as five dollars.

MISS DOE (Ohio).—Our initiation fee is one dollar; annual fee, one dollar. This has covered our expenses except during the first year. The balance the second year was fifty-three dollars; now we have on hand one hundred and forty dollars. A man in Columbus who rented rooms in a building he owned to nurses, started a correspondence school for nurses and his tenants all left him. The Columbus Association took up the subject.

A DELEGATE (Rhode Island).—Our association is struggling. Our bill was downed by the influence of the insane hospitals, and then the man who was to present the bill in the legislature for us died. We hope to get it in next year.

AFTERNOON SESSION

THE PRESIDENT.—The meeting will come to order. We will now hear from the secretary with reference to the invitation for the place of meeting next year.

THE SECRETARY.—Richmond's formal invitation was read yesterday morn-

ing for 1907. San Francisco is desirous of having the association there in 1908. There has been a formal invitation from them read also. These came in this morning.

"The Graduate Nurses' Associations of St. Paul and Minneapolis, nine in number, extend an invitation to the Associated Alumnae of the United States to meet in St. Paul, 1908."

"A cordial invitation is extended to the Associated Alumnae of the United States to hold the tenth annual convention (1907) in the Borough of Brooklyn, Greater New York, by the six Associations represented at this convention."

THE PRESIDENT.—There has been some suggestion made for biennial meetings. From the invitations we have received, we may have to have two meetings every year. A motion is now in order in regard to the place of meeting next year. I think it has been practically decided upon that we go to Richmond next year, but we are required to vote upon it formally.

MISS ROBINSON.—I move we accept the invitation from the nurses of Virginia to hold our next meeting in Richmond, in 1907.

The motion was seconded by Miss Weber and carried.

THE PRESIDENT.—The executive committee desires you to take some formal action in reference to California in 1908. If you decide to go there at that time, it will, of course, mean a great deal of preparation on their part; and, if we go there, we hope to have a meeting of the American Federation of Nurses (the Superintendents' Society and The Associated Alumnae), as we had in Washington last year. It was voted in Washington to hold a meeting of the Federation of Nurses every three years. I think that would be the date for it. The president of the Federation, Miss Nutting, is very much in favor of it, and so is Miss Goodrich, the president of the Superintendents' Society last year, and I am sure Miss Banfield, the present president, will also be; and it would be as well to decide in regard to it at this meeting, so that we can be planning and looking forward to it; and it would be a very good way of using up our surplus money, that was spoken of last night. If you desire to attempt a meeting in California in that year a motion is now in order.

MRS. FOURNIER.—I move that this association hold its meeting in 1908 in San Francisco, Cal.

The motion as made, and, seconded by Miss Mitchell, was carried.

THE PRESIDENT.—Under the new by-laws we have to appoint a nominating committee; two by the president and three from the floor. It is in order now to make that appointment. The Chair will nominate Miss Sly, of Michigan, and Miss Hartman, of New York. We will now have the nominations from the floor.

MISS SELDEN.—I nominate Miss Greenlees, of Washington.

MISS DEWITT.—I nominate Miss Krueger, of the Illinois Training-School.

MISS BROBSON.—I nominate Mrs. Twiss.

THE PRESIDENT.—The motion is now in order that these five be appointed the nominating committee: Miss Sly, Miss Hartman, Miss Krueger, Mrs. Twiss, Miss Greenlees.

The motion was carried.

Is there any other matter any one wishes to bring before the meeting?

MRS. FOURNIER.—I would like to make a motion that a new committee be organized, composed of the state presidents and secretaries of all the affiliated societies belonging to this association.

MISS HARTMAN.—I second that motion.

THE PRESIDENT.—Please state what this committee is to be for.

MRS. FOURNIER.—It was suggested at the meeting this morning, on state work, that there should be such a committee to do the work of collecting informa-

tion and other things that are of interest to our state organizations. This committee might be able to gather together statistics, the bills carried, and the steps taken,—to centralize this information.

THE PRESIDENT.—It is moved by Mrs. Fournier that a committee on state records and state statistics be appointed, consisting of the presidents and secretaries of the affiliated state societies. It is to carry out a suggestion made at the meeting this morning of the committee on state work.

The motion was put by the president and carried.

THE PRESIDENT.—The recommendation in regard to the programme will be referred to the programme committee, and I am sure will be adopted.

Are there any other matters to bring before this meeting? I think Miss Palmer was to say a few words this afternoon about the JOURNAL. If she is not here, I will call upon Miss DeWitt, our new private nursing editor of the JOURNAL.

MISS DEWITT.—In my work as a private duty nurse during a good many years, I have come across many little things that I thought would be of interest to the JOURNAL; and a good many questions have arisen in my mind that I thought I would like to see taken up in the JOURNAL; but I have hesitated to write Miss Palmer about these things, because I felt she was such a busy woman and it was too bad to infringe upon her time, to ask her to consider anything that seemed unimportant. Now I want to be considered as a stepping-stone to Miss Palmer, and I wish the private duty nurses all over the country to bring any subject they are interested in to me, for I have time to attend to it. All of us who have anything to do with the JOURNAL want to make it of practical use to every one, and we can do it best if we have the coöperation of the nurses themselves; and I want especially to ask you to tell us what you want to see in the JOURNAL. If you will suggest subjects you would like articles written upon, we shall be glad to find people to write upon them; and we should be glad to have those who can, and will, write for us. If you will do all you can to help us in this way, we will try to make the JOURNAL more helpful to you.

THE PRESIDENT.—We will now hear the paper on "District Nursing as a Part of the Training-School Curriculum," by Miss Minnie H. Ahrens, Provident Hospital, Chicago.

DISTRICT NURSING AS A PART OF THE TRAINING-SCHOOL CURRICULUM

This is a question which has been considered upon several occasions during the last few years. During that time there have been few new developments, so please bear with me if much that I say is what you have heard before. The nurse, above all women, should be one with a broad outlook upon life and should be acquainted with existing social conditions and humanitarian movements. She is expected to fit into all kinds of places and cases. Many times the nurse is called into a home where the mother is ignorant of the best way of caring for her family with the means at hand, and this is the opportunity afforded the district nurse. She is expected to be able to teach this mother and show herself a friend as well as a nurse.

Incidentally she teaches the need of cleanliness, preparation

of food, and the precautions that should be observed to prevent disease.

Who has done more to educate the poor and destitute in caring for the sick in their own homes than the district nurse? Take for example the work done for tubercular patients. No one has ever done what the district nurse has accomplished for this particular class of patients during the last five years.

All are willing to grant that the work of the district nurse is important and valuable, and that only a woman with special qualifications and training can accomplish it. Many of the women in our training schools have not these special qualifications, *but some of them have*, and should not the training-school give them sufficient knowledge of the work to enable them to become proficient? Even those who are not qualified would obtain a broader view of life which would help them when called to the homes of the more fortunate.

Several schools throughout the country have already added district nursing to their curriculum, one school having an endowment fund for the support of a supervising nurse. This is an ideal plan, but few schools are as fortunate. During what period of the nurse's training shall this training be given? Nurses in the first and second year should not be sent out from under the instruction and supervision of their teachers in the schools; and again, young nurses cannot comprehend the problems which they will encounter, and consequently are unable to solve them. Again, we are not justified in sending untrained nurses into the homes of the poor, any more than into the homes of the more fortunate. So it seems that the training should be given during the latter part of the third year. To send out third-year pupils is difficult, for they often act as head nurses and fill places of responsibility. District nursing should not be undertaken by schools unless personal instruction and supervision can be given. Immediately the question arises, How may this be done without a large increase in funds? Superintendents and their assistants are already burdened to the fullest extent.

Chicago having a well-organized Visiting Nurse Association, one of the training-schools has adopted the following plan, which has been found to be of benefit both to the association and the training-school: "Third-year nurses are sent out with a member of the visiting nurse staff, going in the forenoon with the nurse on her rounds, and receiving instruction. In the afternoon she is allowed to visit three or four cases alone, after which the visiting nurse goes over the same ground, examining and criticising the work done, and makes a report upon it the following morning to the nurse whose work she

has examined. The nurse upon her return to the hospital makes a written report of these cases both to the superintendent of the school and to the Visiting Nurse Association, and in this way the superintendent is kept informed of the work done by the pupil nurse. Perhaps one of the disadvantages arising from this plan is that the nurse acting as instructor and supervisor may not have been well trained and may not have the best methods. This is not a serious disadvantage, however, for Visiting Nurse Associations are very careful to employ the best nurses. Next fall the school expects to add lectures on philanthropy to the third-year lecture course.

This school is also affiliated with the outpatient department of a large lying-in hospital, having charge of the district in which it is located. Calls may come directly from the patient to the school, in which case the lying-in hospital is notified. The greater number however, come directly from the lying-in hospital from which the physicians are sent. As soon as the call is received, a senior nurse who has had obstetrical training is sent on the case. If it is her first call, a nurse who has completed this training is sent with her; otherwise, she goes alone, remaining until after the delivery, and until the mother and baby have been cared for. The nurse then calls every day until the mother is able to care for the baby,—from ten to fourteen days. A written report of the patient's and baby's condition is left in the superintendent's office each day, and a daily report is telephoned the lying-in hospital.

There are probably many disadvantages in such a plan, but I believe that the benefits which the nurse derives from the humanitarian and social side counterbalance the disadvantages. It certainly gives the pupil a fairly comprehensive idea of the work, at least to the extent of knowing whether she wishes to follow it after graduation; then, if she does, she will not grope along in darkness, as so many nurses in this line of work do, for at least three or four months.

It is said that a nurse entering district work is of little or no assistance to the association for the first few months, which would not be true of the graduate who had served two months during her training.

This is much too short a time for any woman to learn district nursing, but if in that time she may lay a foundation and acquaint herself with home conditions, she has gained much that will serve her later.

The development of this side of the woman in the training-school will tend to give her a broader viewpoint of the profession, and not make the commercial side the first consideration, as it so often is.

THE PRESIDENT.—The paper is open for discussion.

MISS NEWHART.—May I ask if these pupil nurses stay in the tenement all night?

MISS AHRENS.—No; the pupil doesn't stay for any length of time; no longer than the district nurse,—two or three hours at a time.

MISS NEWHART.—Do they stay all night on obstetric cases, I mean?

MISS AHRENS.—Not generally. They stay nights if it is necessary, of course.

MISS NEWHART.—Does the nurse go home before the case is over with?

MISS AHRENS.—Just as the doctor upon the case sees fit.

MISS NEWHART.—Who is responsible for that nurse? Is the nurse that does the district nursing responsible for her?

MISS AHRENS.—The nurse of the visiting nurses' station takes this nurse each morning and goes over the work with her and instructs her on the cases she has. Some days the nurse goes with her during the whole day, and often she is given three or four cases during the afternoon to look after herself. These cases are, of course, chosen by the nurse in charge of the district, and she in turn is responsible for the work of this nurse.

A DELEGATE.—Does the doctor belong to the hospital?

MISS AHRENS.—No; not to the hospital at all.

MISS NEWHART.—I have charge of a district hospital in New York. We don't send the nurse out after seven o'clock at night. We have a staff of students at the colleges whom we send if the case comes up after seven o'clock, and the nurse doesn't accompany them. I think in a school where there are a lot of young women you would think twice before you would send a young pupil to some of the tenements, which are often in very poor, rough localities, with a student you don't know. The student may have a good record at college, but we all know how large these colleges are. I think some superintendents would not allow them to go out and come in at all hours of the night; and I was simply asking how they did in Chicago, to see if they have any trouble about it.

MISS AHRENS.—They don't go out with the students at night; they are retained in the hospital. They call in the evening and see that the nurses are brought back to the school.

MISS McISAAC.—May I ask the personal experience of the chairman, who has had a very wide experience in district work, about sending pupil nurses out for work?

THE PRESIDENT.—The Chair does not want to express any definite opinions as from the Chair, but as the nurse in charge of the district nurses in Bellevue Hospital I would like to say that I am not in favor of it. I think that the work demands long training and experience, which we cannot get from pupil nurses, even in two months' time. The nurse needs a knowledge of the conditions in the tenements that she cannot acquire in a short time. And I believe very strongly in the matter, that district nursing should not be a part of the training-school curriculum. I think the woman who feels that she must take up that work should enter some district nursing association and be trained in it.

Our hospitals are not merely for the training of pupil nurses; they are for the care of the sick, and our district nurse work should be for the same purpose, to teach the nurse the same thing,—to take care of the poor sick people in their homes. The longer she is in the work, the more valuable she becomes; and it takes long,—perhaps years of experience,—before she does reach that standard. We don't usually use pupils in our district nursing work. We don't have the regular district nursing, and I have one pupil nurse only that I am using a little in district work, and I send

her only to collect information, to find out if patients have ever gone to a hospital, or the reason why they are not going to a dispensary, and work of that sort. Patients don't like changing. In the district they get to know the nurse, and they cannot feel in the same manner and have the same confidence in the nurse, who is a stranger. In district work I think it so much better to have one nurse in the district doing the work for the district. If it is found necessary or desirable to have some pupil nurse work, let her work under a district nurses' association. That is what I believe about it, personally.

MISS AHRENS.—I wish to say that I am perfectly in accord with what Miss Damer has said in regard to district work. The nurse I speak of in this work is under supervision of a visiting nurse, and I should heartily say, don't send pupil nurses unless they are under supervision. But in this way the district nurse has been able to accomplish a great deal more work by having two learners as assistants, and the nurse has gained a great deal of benefit from it.

THE PRESIDENT.—She is working under supervision.

MISS AHRENS.—Yes; she is with the nurse all the time except that she goes out in the afternoon and calls on some cases, and those cases are always chronic cases. She doesn't call upon any new cases. And she is responsible to the nurse for her work.

THE PRESIDENT.—The next is a paper on "Theory versus Practice in Visiting Nurse Work," by Miss Harriet Fulmer, superintendent of the Visiting Nurse Association, Chicago. Miss Fulmer is not able to be present, and it will be read by Miss Smith.

THE THEORY AND PRACTICE OF VISITING NURSING, AND THE ATTITUDE OF THE PROFESSION TOWARDS IT

In the last few years visiting nurse work has been so ably written of by the women of our profession that I feel apologetic in attempting to present these few words, and only do so from the selfish motive of hoping to secure some wise and valuable advice from the discussion of a question which has great bearing upon the future of the work.

The sphere of the visiting nurse is enlarging rapidly, and in proportion as the work has grown in area, it has also grown in social importance in its relation to all public activities in the various civic centers and the country at large. She is now a familiar figure not only in the highways and byways, where she ministers professionally to the sick poor, but in every place where trained and disciplined service is needed. The public schools, the juvenile courts, the boys' clubs, the convalescent homes, institutions for the care of the indigent, and relief agencies of every sort find her a useful adjunct to their work. There is no longer need to explain to the public and lay world the value of the work as a great educational, remedial, and sanitary agency. What of its importance and interest to the nursing world? Does the practice of the work appeal to our members?

The various phases of it are discussed daily in conferences relating not only to nursing but to sociology, philanthropy, and municipal government. Medical, nursing, and lay journals have left no stone unturned to tell in varying degrees of intelligence of the plans and development of the work. With all this apparently increasing interest from the outside, why are nurses still apathetic in this great cause? Is there something wrong in the theory or the practice, that so few of our graduates take it up? It seems to me to be a most serious question to consider, and its solution will make or mar the further progress of the work. If it is—as the majority concede,—one of the great forward movements of the century, then why are not our best nurses to the fore? Why do visiting nurse openings go begging, or else are filled by inferior nurses who ought not to be in the profession at all, least of all as visiting nurses? I have no reason to be discouraged over the great possibilities of the work, but by the scarcity of competent workers. Is our theory and plan lacking, and where? It is not a question for the few already in the field to decide, and we need the counsel of representative nurses who have not yet joined our ranks. In one state last year three hundred and twenty nurses received diplomas. From this number but *two* came into district nursing, though at this time there were ten openings in the field. In Washington last year it was hoped that the superintendents' society would declare in favor of incorporating the training in the senior year of the nursing-schools and thus bring pressure to bear with the pupil nurses. Two or three schools took up the method voluntarily, but up to date none of them have furnished recruits to visiting nursing. Surely from the now thousands of graduate nurses in this country we ought to find a few hundred who are willing to come to our aid. It requires hard labor and great patience;—what nursing does not? It *is* fairly remunerated. Hundreds of private nurses earn less every year, and we are not willing to believe that a commercial spirit dominates our profession. So two possible objections to the work are not unlike those that occur in other branches of the profession. If our system is wrong, we are open to reform methods. Visiting nursing has gone far beyond the "fad" stage. It is largely concerned in teaching the people whose mode of living contributes to the poverty, uncleanness, and unsanitary conditions of any community; and to accomplish our work we must have wise, well-trained, intelligent workers. This is not a new theory. It has been maintained for years, but there was never so great and urgent a need for emphasizing it as now. This does not mean a reflection upon the many splendid women who are now in the work. but the field is broadening

daily, and we find ourselves handicapped by the limitations of the members of our own profession,—or what is worse, a lack of interest in public affairs.

Through the advice and influence of the members of this Associated Alumnae we ought to awaken our interest in visiting nurse work, the present lack of which is a discredit to our profession.

I feel sure the frank discussion of this subject will be of interest to us all.

THE PRESIDENT.—Any remarks upon this subject?

We now have the pleasure of listening to some remarks on the conditions in San Francisco from a nurse's standpoint, by Miss Cooke, delegate from California and editor of the *Nursing Journal of the Pacific Coast*.

CONDITIONS IN SAN FRANCISCO

MISS COOKE.—Miss Damer wishes me to say something of the condition in San Francisco from the nurse's standpoint. The prospects are not very bright at present. I think the brightest outlook is for the laborers, skilled and unskilled. I have heard a number say that they thought there would be a good deal of sickness, but we are in an unusually fine condition in regard to health, despite the exposure of many and their life in tents out of doors. So that as far as thinking there might be need for the services of outside nurses in San Francisco at present, I am sure it would be a great mistake to go there.

Many of our resident nurses will have to go away. The next two years, I think, will be hard years as far as obtaining work, and some of the leading physicians there have advised nurses, who have called upon them to inquire as to their prospects, to go away by all means and spend the next two years, unless they have an established practice.

There were at the time of the fire, I think, eleven hospitals destroyed. That, of course, has thrown a good many pupil nurses out of their hospitals to rely upon the public. Some of them, of course, have homes, and have gone to the country to their homes. Many of them were within a short time of graduating, and are, of course, very much disappointed about it. They began to busy themselves finding another hospital somewhere to enter.

The local superintendents' society long ago made rules against taking pupils in and granting them any time; after this disaster they decided they would take pupils from the schools that had met with this misfortune, but I don't know what time they will have granted them.

Then, we have in San Francisco County the county nurses' association, of which there are, I think, nearly five hundred members. Just as soon as our officers could find each other after this disaster, we arranged for a relief committee, and put notices in the papers, and, in fact, letters had been sent to leading members inquiring for nurses that reached headquarters. We then put notices in the papers that all contributions to the nurses of San Francisco might be sent to the headquarters of the County Nurses' Association, where we had temporarily arranged for this relief committee. We had heard of a number of people and societies who were sending contributions to the relief of nurses, and up to the time I left home, a week ago this Tuesday, we had, I think, about three hundred dollars that had come in, though quite a little of which we had heard had been sent some weeks before. through the

Red Cross Society, and we understand the Red Cross Society does not contribute to individual societies, but disposes of funds direct to the people.

The physicians of San Francisco made appeal that all funds for their relief be sent to their society. They felt that they were in better position to do for their members, and not only for their members but for others, than the Red Cross Society or any one else outside. That is the way the nurses felt about the relief for the nurses of San Francisco County. We made this prominent in the notices in the papers, which are running still, that we are desirous of helping all nurses, whether they are members of the association or not, and also pupil nurses,—all those who suffered loss.

Of course many, practically all, of them, had just the clothing they could jump into at the time, which was trivial. Many who were with their patients at the time stood by their posts, naturally, as soldiers would, and could not get away to get anything from their homes; and a little later, perhaps, when they could be relieved to go to their homes to get a few of their possessions, they found upon reaching their homes that the patrol prevented them from entering; yet it may have been two days before the fire destroyed their dwellings.

It was so with my own apartments; I succeeded in saving nothing but a few pictures, which I valued very much, and my clothing. That was all out of a little five-room apartment with all its furnishings. On the second day, rather early in the forenoon, following the earthquake, I returned to my apartments to get something that I had forgotten and especially valued, in order to save it, and I was not allowed to enter, but was met by a soldier who told me I must leave there as they were blowing up the building. I didn't stop to watch my little home go, for I preferred to think of it as I had always lived in it.

Just at this time one of our valued workers, Dr. Griswold, is at home. She was abroad at the time of the disaster, but returned at once to San Francisco. She is chairman of the relief committee, and has been to see and talked with members of the Red Cross Society, and I understand from letters that have been received from there, we are now receiving contributions from the Red Cross Society.

The relief committee meets every Thursday afternoon at headquarters, and many kind offerings have been sent in for the help of our nurses. Many of them lost their homes, and one of our plans is to rent a house in as prominent a position as possible. They are at work on that now, trying to find a satisfactory house and location, where the homeless nurses may make their home and have a central directory, and try to supply the needs of those who require nursing right in the city.

After the first few days many outside nurses came there and were sent back by the city authorities, for they didn't know just what to do with them. By this time the local nurses had gotten into shape and were supplying the needs. A number of the nurses who came in and were sent back by the authorities became somewhat vexed, and also by the request sent out by the authorities that no more be sent into San Francisco.

If there are any questions any would like to ask I would be glad to answer them. I wish to say that we thank you very much for the kind expressions of sympathy we have received for San Francisco, and for the contributions to us. We are very, very grateful, I assure you; and it did us all very great good to receive letters, many from entire strangers, expressing sympathy for us, and encouraging us in our work. I want to express our sincere thanks and gratitude to all nurses who have anywhere contributed to the relief of the nurses there.

THE CHAIRMAN.—It seems to me there is an opportunity here for us to show our sympathy in a practical way for the homeless nurses in San Francisco.

MISS DURKEE.—I would like to move that the National Alumnae of the United States donate at least one hundred dollars for the benefit of the afflicted nurses in San Francisco.

MISS BROBSON.—I should think our alumnae could do better than that.

MISS DURKEE.—I said "at least" one hundred dollars.

THE PRESIDENT.—I think we should do all we can afford to do. Perhaps our funds are in such a state that we can do more than that. What is your pleasure?

MISS BROBSON.—I make a motion that the amount be increased. I should say five hundred or three hundred dollars.

MISS COOKE.—We are now receiving funds that were sent us long ago and were delayed in reaching us. You have some special purposes for the funds of your association, and personally I do not want to tax your funds in our behalf. Small contributions are just as gratefully received as though you taxed yourselves, and I would really feel better to feel that you were not making any real tax that is going to be felt, to set back any work. We all want to progress and we must have funds in our central body. As I say, we have had some nice little contributions and we hear that we are going to receive more, and we would feel better if you did not contribute more than you can conveniently.

MISS BROBSON.—I would like to second the motion for three hundred dollars to be sent to San Francisco.

THE PRESIDENT.—Will the treasury contribute that amount or shall individuals make it up?

MISS DURKEE.—I make a motion that it be paid from the treasury.

THE PRESIDENT.—The treasurer assures me that we can pay that amount.

The motion as made and seconded was put by the president and carried.

MISS COOKE.—I am sure our association at home will be more than grateful to you for the great assistance you have rendered them.

THE PRESIDENT.—Our afternoon has spun out beautifully, and I think we will be able to do all we planned for, and be able to hear the other paper, on "District Nursing in Boston," by Miss Martha H. Stark, Superintendent of Nurses, Instructive District Nursing Association, Boston. The third paper, on District Nursing in Buffalo, has not been received. Miss Shields will read the Boston paper.

THE ADVANTAGES OF DISTRICT NURSING BEING A PART OF THE HOSPITAL CURRICULUM OF THE TRAINING-SCHOOL FOR NURSES.

It is my belief that district nursing should form an important part of the nurses' curriculum and at least two months should be allowed for such work, preferably during the last year of training.

The district training of these nurses should be done (where it is possible) under an organized district nursing association. The nurses of this association, being hospital graduates, and having a thorough knowledge of the various requirements for this field of work, would act as head nurses to these student-nurses, who in turn would be practically assistants to the regular district nurses. The hospitals' methods of training to these assistants would not be interfered with but sim-

ply supplemented, as far as possible, in the district homes, under the instruction of the regular district nurses. These nurses are all under the supervision of a superintendent.

The opportunities of district nursing are many. In the hospital, you have the patient, the nurse carries out the physician's orders and those of the head nurse; she has only to reach out her hand and everything is there to work with, thus making the plan of her work comparatively light. In the district homes, she not only has the physician's orders to carry out, but many other problems, which arise from misfortune, disease, poverty, and sorrow. These questions confront the assistant, and probably at no experience, in or out of the school, will she appreciate more that the "nursing personality" counts for a great deal, and she then decides that nursing is "the noblest of professions and the meanest of trades," and that district nursing is certainly character-building for a nurse. In the homes of the district patients she has not only the patient to consider, but the whole family, where tact and patience must be acquired (if not in-born) to get along under the most trying circumstances with the entire family without friction in the home, be it the cheerless attic, the damp, dark basement, or perhaps a more pretentious home of the small wage-earner, the lodging-house. The assistant now learns adaptability and also her responsibilities to care for medical, surgical, obstetrical, acute and chronic patients, dealing with not only the patient, but the family as an individual; so with these patients she must learn to act, to decide for herself, and to improvise and economize (especially in supplies and utensils). And where is she to get this home experience if not on the district? For in her work after she leaves the training-school, among people with money, she will find that they are quite as saving as people of limited means.

Not only does the assistant nurse reap the benefit of her experience on the district and return to her hospital better able to cope with the problems there, more sympathetic and tactful, but she has been of great assistance to the district nurses, already grounded in the work; and as she herself instructs and advises the assistant nurse, she is broadening and learning the better to appreciate the many opportunities of life, more determined to carry out faithfully from day to day the duties entrusted to her, combined with the thought never to enter a home without instruction being given for wholesome living, the simple art of domestic nursing being taught, which will enable the district people to take better care of their bodies and live more wholesome lives.

THE PRESIDENT.—Is there any other matter that any member would like to bring before the association? If not, I will call for the report of the committee on resolutions.

MISS COOKE.—The committee on resolutions take pleasure in presenting the following report:

"That we extend a vote of thanks and appreciation to the Wayne County Nurses' Association for their invitation to meet in Detroit, and for a most enjoyable time during our stay; to the Board of the Y. W. C. A. for donations, and to the Secretary, attendants and members of the Y. W. C. A. for their courtesies extended; to Bishop Williams; to the City of Detroit for the cordial welcome extended to us through Alderman Heinemann; to the women of Detroit for the greeting and hospitality extended so graciously by Mrs. Robert Service; to Mrs. H. E. Coleman, of Ann Arbor; to the Detroit Visiting Nurses' Association for their entertainment; to Parke, Davis & Co., for courtesies extended during our stay in Detroit; and to the press of the city of Detroit.

"Signed by the committee on resolutions.

"MISS M. E. P. DAVIS,

"MISS E. P. UPJOHN,

"GENEVIEVE COOKE, Chairman."

THE PRESIDENT.—All in favor of adopting these resolutions will signify it by rising. The motion is carried.

MISS COOKE.—The committee on resolutions further report:

Whereas, The graduate nurses of the District of Columbia are working to secure registration, and,

WHEREAS, The associations represented here, knowing the value of registration to the public in general, and to nurses,

Resolved, That the National Association here assembled, representing ten thousand or more nurses, endorse their efforts and support them in their work.

THE PRESIDENT.—All in favor of the adoption of the resolution will please say yea. Those opposed, no. Carried.

We will now call for the report of the nominating committee.

MISS SELDON.—The whole number of votes cast was one hundred and seventy, one hundred and sixty-nine of which were for Miss Damer for president. The other officers elected were: for first vice-president, Miss Georgia M. Nevins, Washington, D. C.; for second vice-president, Mrs. L. E. Gretter, Detroit; for treasurer, Miss Anna Davids, New York; for secretary, Miss Nellie M. Casey, Philadelphia. The two directors elected are Miss Sarah E. Sly, Birmingham, Mich., and Miss J. A. Delano, New York.

MISS DAMER.—I desire to express my thanks to you for the honor you have conferred upon me, and the confidence you have reposed in me. I hope we will continue our very best efforts for next year's work.

MRS. GRETTTER.—Your second vice-president appreciates very much the honor that has been conferred upon her in bestowing this office upon her. She will fill it to the best of her ability. And this gives me occasion once more to tell you how very glad we are that you met here with us this year. If you have had half the pleasure in being here that we have had in meeting you and in entertaining you and visiting with you, we feel you have certainly had a good time. I only wish you could see in our hearts and see how very glad we are that you have been with us, and we hope you will come again.

MISS DAVIDS.—I think 'most every one knows me here individually. I thank you for the honor conferred, and hope to meet you all next year, and I hope during the year the JOURNAL fund will not be forgotten.

THE PRESIDENT.—We will have a few words from our new director, Miss Sly.

MISS SLY.—Madam President and members: I thank you for the honor that is conferred upon me in electing me director for this year. I will do my utmost to serve you as best I can. I thank you again.

THE PRESIDENT.—The chairman of the committee on state work desires the presidents and secretaries to confer together in one of the other rooms, and appoint some one who will act as secretary for them.

This brings our convention to a close.

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EDITORIAL COMMENT



NURSING EDUCATION

DR. HURD'S address before the graduating class of the Lakeside Hospital, Cleveland, entitled "Shall Training-Schools for Nurses be Endowed?" and published as the leading article in this issue, is a conclusive argument, in our estimation, in favor of the higher education of nurses and an answer in the negative to the now popular query, "Are Nurses being Overtrained?"

The second paper by Dr. James Dudley Morgan, of Washington, presents perhaps no new argument in favor of the higher education of nurses, but is interesting, at this time, when medical criticism is broadcast, for the reason that it is a paper presented before a medical society, and because of the consensus of opinion reached, in the discussion, which was that with the development of medical science, nursing education must advance in proportion and along the same lines as medical education.

It would seem that in our plans for nursing progress, we are endeavoring to bridge the space between the university idea in education, as it relates to medicine, and the technical idea as it relates to nursing, combining the two under a new method of professional advancement. The old system, by which the doctor was the brain and the nurse the hands, is passing away, and the nurse is becoming a reasoning machine, following the direction (always) of the physician, in the care of the patient intelligently, rather than mechanically.

Dr. Hurd comforts us by bringing forward again the thought that conflict between the purely intellectual and the purely technical or mechanical, which is now raging so ruthlessly in regard to nursing, is but a part of the conflict in education which began with the ancient

Greeks and has raged ever since. We would seem just now to be in the thickest of the fray. The faults of the prevailing system are apparent. There are, as usual, many standing by the wayside to tell us of them. There are also those waiting to apply a remedy and carry forward the burden to the next turn of the road. The trend of criticism now and always in nursing affairs has shown faults of character for which the home is responsible to be far greater than faults of technical education. The absolute lack of established standards in the training-schools has made it possible for great numbers of undesirable applicants to be admitted, that the work of the hospital might be done cheaply. Oftentimes these women have been sincere and honest, according to their light, but the lack of home culture and education has made them constantly subjects for criticism in the outside world, which has brought them conspicuously before the public, and all members of the great nursing body have been estimated at their value.

The steps that have been taken by the nursing organizations to apply a remedy to this recognized condition in the hospitals, is the cause of the present pronounced agitation in nursing affairs.

Criticism of nurses individually and collectively is being heard at every turn, but for a remedy for the evils which exist, and which no one denies, we must go back to the cause.

We shall range the discussion of this subject in three heads: the defects of the training-schools, the faults of medical teaching, and the responsibility of the great nursing body, and we shall take up the discussion of the whole broad subject of nursing education in detail during the new year, which begins with our next number.

State examinations now being held in different sections of the country are revealing both the weak and the strong points in the situation, which give a definite basis upon which to work for improved conditions.

The responsibility is threefold; the reforms cannot be carried to a successful issue through the influence of any one of the factors mentioned. Criticisms, to be of value, must propose a remedy.

ONE OF THE REASONS WHY NURSES FAIL

A FRESH instance of the credulity which makes so many people believe in shams has come to our notice recently, and is especially deplorable because of its source.

A certain "Correspondence School of Nursing" has advertised in the *Mothers' Magazine*, and a trained nurse, hoping that the "Moth-

ers" would stand for genuine things, wrote to the magazine explaining the essential mischievousness of correspondence schools in nursing. The reply she received was a most astonishing example of "logical" deductions based upon an absurdly erroneous hypothesis. Starting with the assumption that the "book-learning" was the most important thing (one almost wishes that text-books and lectures had never been heard of), it is easy of course to prove that time spent in practical work before going out to earn money is time wasted.

The case of the electrical engineer who learned his trade by correspondence was cited. Oh, Mothers! Can you see no difference between electric lights and the sick and suffering body of the patient, animated by a complex soul? Alas, that in the general adulteration of our day brains also seem to be adulterated! We own to deep discouragement at this attitude of the magazine, which probably both represents and influences a large class of mothers.

And now truth demands being told about those same mothers, for it is owing to the slack and slovenly ways of too many of them and to their easy-going acceptance of all manner of adulterated and sham products, that so many of the young women now applying to our training-schools are not capable of doing good, honest, reliable work—that they cannot keep their surroundings clean and orderly, that their rooms look like pawn-shops, their ink is everywhere except in its bottle, their clothing is cheap and elaborate, their closets and bureau-drawers a nightmare. These inefficient mothers, who feed their families on adulterated foods, dose them with quack medicines, dress them in cheap sweatshop products, encourage them to go into "quick and easy" money-earning occupations,—what do they think are the duties of a mother? The wild mothers of the forest all teach their children efficiency in their modes of existence, but not so, the human well-to-do, average middle-class mother, who enjoys a leisure which she puts to no good use. Her house keeps itself, her younger children are pert and spoiled, her older ones are inconsiderate of others, not thoughtful, not gracious and charming, not useful, not deft, not industrious. No wonder they are attracted to cheap and easy get-trained-quick methods.

A good home training is equivalent to a technical school—yes, better. Not long ago we met a carpenter, one of the genuine kind, who took a pride in his work and loved to do good work with his hands. His son has lost his fingers through an accident and the father said simply: "Ain't it a pity. He can't never work with his hands. He'll have to get educated." There's a whole moral in that, for the mothers.

NURSES' SETTLEMENT NEWS

FROM Miss Dock we learn that the Nurses' Settlement in New York is happy in several important additions to its work. A most gratifying and needed extension in the visiting nursing service has been made in an upper west side region where the colored people live. Salaries have been given for two nurses, who are also colored, and who have settled in their district in a flat. The work is fortunate indeed in the rare ability and devotion of these two women, Mrs. Tyler and Miss Carter, both of whom are graduates of the Freedman's Hospital in Washington. Besides being excellent nurses they are both especially alive to social movements and organized preventive work. There is living with them a Miss Brown, who is engaged in social work among young girls. The craving "back to the land" is being a conspicuous feature of the Settlement, for this summer has seen two more country places acquired; one a house up the Hudson Valley holding about ten people for the Italians of the Sullivan Street district, and the other a beautiful old-fashioned farm near Yorktown Heights, the possibilities of which are quite limitless, for it has almost 100 acres of farm, woodland, hill, and valley, with a lovely old house to which a considerable extension is being made. Then the camp for boys and young men near Peekskill has never been so successful as this year, and the "Rest" for convalescents, the Vacation House for young girls, and the farm at Montclair for children, are all running happily and prosperously. Miss Phillpotts, of St. Luke's, Chicago, is at the last named place for the summer. Miss Rogers has been up at Otisville at the new sanitarium for incipient tuberculosis under the Board of Health, getting it started and systematized, and Miss Frank is the visitor for the beautiful new Betty Loeb Convalescent Home, to see and investigate applicants for free admission.

A nurse from the District Nursing Association of Kalamazoo, Miss MacClure, is spending a month of observation and study at the Settlement, and a number of transients are there for the summer. The Settlement has recently acquired the house next to 265, and this is being put into shape for many uses. Miss Wald's time is greatly occupied with committee meetings, notably that for Child Labor and the assigning of "scholarships" or small incomes to replace the earnings of children in cases where the new child labor law would work hardship, and for a long time this spring she was almost incessantly busy with the opposition to a threatened elevated structure on the crowded East Side.

Miss Dock is again at the Settlement working on the History of

Nursing which she is writing in collaboration with Miss Nutting. The first volume will be ready for publication at an early date.

VACANCIES IN THE ARMY NURSE CORPS

WE understand that there are several vacancies in the army nurse corps. Nurses who can meet the requirements can be assured of an early appointment.

DOCTORS TAKE ACTION

WE wish that all medical societies might be moved to pass resolutions such as the following, and that the members might be depended upon to practice the principles so endorsed. This resolution is taken from the *Pennsylvania Medical Journal* and was of June, 1906:

WHEREAS, Inducements are being widely offered for training nurses in so-called "correspondence schools" and short term "dispensary schools" in both of which systems bedside instruction is lacking; therefore,

Resolved, That the Philadelphia County Medical Society hereby declares that any system of nurse training that disregards residence in a hospital and bedside instruction is dangerously incomplete, and

Resolved, That members of this society are requested to refrain from endorsing schools which lack bedside instruction, and

Resolved, That any member who has, previously to the adoption of these resolutions, endorsed such schools is requested to revoke such endorsement.

THE SAN FRANCISCO DISASTER

IN our July report on conditions in San Francisco, page 723, the total amount received at that time by the nurses' relief committee was given as \$7,500. This was a misprint, and should have read \$1,500. Since that date, we have received an itemized statement from the nurses' relief committee, giving the total receipts as \$4,158.90, and the disbursements to July 5, as \$1,175.70. As these figures are now out of date, we will postpone the itemized list of donations until our next issue.

Miss Sweeney, who is in charge of the nurses' club house, 8 Steiner Street, reports the rooms as being nearly all furnished. The money which has been furnished for this purpose by the relief committee, of which Dr. Criswell is chairman, is considered as a loan and it is hoped, within a reasonable time, to put the club-house on a paying basis.

Since the San Francisco disaster we have heard much of the

splendid work of the medical department of the army, the citizens' relief committee, the Red Cross, etc., of the great losses sustained by members of the medical profession and the other professions, but we have heard comparatively little, in a public way, of the losses sustained by the nurses, and yet we are told through private sources, that there were no class of people in the city who suffered more greatly than the women who made up the great nursing body of San Francisco. The reason for this to those within the lines is simple enough. The nurses *staid with their patients* aiding in their removal or in the removal of their property, and giving no thought to their own private belongings, until too late to risk saving even what they might have had with them at a case. We understand, also, that nurses as a class, have received very little relief through the Red Cross, or public channels of any kind, and we know that such aid as they have received has come, we are proud to say, from the members of their own profession throughout the length and breadth of the land.

Money should now be sent to Dr. Helen Parker Criswell, at 8 Steiner Street, San Francisco, Cal.

The belated June number of the Nurses Journal of the Pacific Coast comes as we go to press. It is full of interesting reports relating to the disaster and the work that has followed—and contains the list of donations. The office is now at 4 Steiner Street. With the January issue this Journal becomes a monthly; to State Association members the subscription remains \$1.00 included in the dues; to others \$1.50. This is a splendid advance for the Pacific journal.

Miss Cooke soon leaves for a trip to Spokane and the Coast Cities in the interest of nursing progress on the Pacific Slope. She should receive a cordial welcome.

THE DETROIT CONVENTION

ONE of the most important results of the convention of the Associated Alumnae, was the formation of an inter-state committee, composed of those officials of affiliated state societies who were present, for the purpose of drawing the various state societies into closer union, and of making communication between them simpler—a sort of bureau of information, as it were. Miss Sarah E. Sly, whose address is Birmingham, Mich., was chosen chairman and secretary of this committee. She requests that each state society send her, through its secretary, all possible information relating to its organization, history of legislation, etc. Each one should send her copies of any printed matter now on hand, and any which may be issued from time

to time. Any inquiries from one state association as to methods, work, and progress of other state associations are to be sent to her, and she will endeavor to obtain all needed information. In order that she may not have heavy personal expense in connection with her new office, each society is requested by the committee to inclose postage for any reply expected, and to pay for the carriage of any printed matter sent or asked for.

ONE of the uses of the Associated Alumnæ meetings is the opportunity they afford for nurses from different parts of the country to get together and exchange ideas. This occurs in the formal meetings to some extent, but far more in the informal talks which occur between times. The boat trip at Detroit afforded a particularly good occasion for such meetings, for the members were by themselves for five long hours, undisturbed by any other duties or by the thoughts of caution for the people about them. Those who wished just to rest found this an opportunity to be quiet. Those who wished for fun had music and dancing. By far the greater number of nurses, however, were gathered in little groups, eagerly comparing notes on hourly nursing, visiting nursing, private-duty problems, or questions arising in state societies. They met on much freer terms than at a reception and had longer time for discussion. It was so ideal an arrangement for a combination of a delightful outing with opportunity for making the most helpful acquaintances, that one could wish the Associated Alumnæ might always meet by some water-side, where such groups could again gather. The school pins, so generally worn by nurses on such occasions, prove a most useful means of identification.

DURING the discussion of one of the papers, Mrs. Fournier, of Indianapolis, brought up the question of graded registration,—the recognition of trained attendants, or of practical nurses, who can pass an examination suited to their requirements. There is much to be said on both sides of this question, and it should receive the thoughtful attention of all who are framing bills for registration of nurses.

THE bits one hears by the way-side are often most entertaining and instructive. Mrs. Robb and Miss McIsaac are so youthful in their enthusiasm and enjoyment that it is no wonder a young stranger, with the friendliness so common to all at such times, ran up to them saying: "Oh! are n't these meetings nice? Have you ever been to one before?"

THE nurse who expressed a doubt as to whether one could dress on one hundred dollars a year would surely have been incredulous over a story which seems almost beyond belief, and which certainly refutes the statement that all nurses are extravagant and improvident. A nurse who has been doing institution work, where her board and washing were provided, and who had a good stock of clothing when she took the position, so that it has not needed much renewing, claimed for herself the prize as an economist. She said she had earned one thousand dollars during the last two years (not one thousand dollars a year, mind you), that she had saved seven hundred dollars of that, and had lived on three hundred.

AN anecdote was overheard, told by a married member (a nurse whose husband is a physician), to an old friend. It ran like this: "My little boy has a great habit of asking his father questions, and the doctor to get rid of the child constantly has said to him, 'Ask your mother.' Finally, one morning at breakfast, after several questions being received in this way, the little fellow studied his father intently for a moment and then said, seriously, 'Father, why is it that mother knows so much more than you do?'"

A SCHOOL FOR THE TRAINING OF DISTRICT NURSES.

The Boston District Nursing Association has fitted up a house on Massachusetts Avenue and is establishing a training school for District Nurses, both pupils from regular training schools and graduates to be admitted. Miss Charlotte McLeod who organized the Victorian order in Canada will be in charge, the school to open about October 1.

PROGRESS OF STATE REGISTRATION

NEW YORK.—An appropriation has been secured for the salary of a nurse inspector of training-schools to be appointed under the civil service. The official announcement of the rules and conditions governing the examination will be found on another page.

The appointment of a nurse inspector has been urged by the Nurse Board of Examiners of New York for the past two years. The creation of a new office in the Education Department has necessarily taken some time in order that the salary should be sufficiently liberal to attract the very highest type of women and make the position one of dignity and educational influence. If the right woman is secured,

the scope of the office is unlimited, covering vastly more than merely formal inspections of buildings, equipment, etc., but investigating methods of teaching, time spent in the different departments of the hospital, the amount given to night duty, etc. Under such an inspector, registration of a training-school will be something more than a statement on paper; it will mean that the terms of registration must be lived up to in every particular by the hospital.

Another very important duty of the nurse inspector will be that of a general adviser to the superintendents of schools, lending assistance, when so requested, in the development of courses of study and affording information when affiliations are needed as to facilities available. She will represent the State before educational meetings and be recognized as the New York State authority on nursing subjects.

No greater step than the establishment of this office has ever been taken for the progress of nursing education. It opens possibilities greater than can be estimated and makes New York a leading power in nursing reforms all over the world.

COLORADO.—The Colorado State Board of Nurse Examiners have issued a leaflet of rules governing examinations. The date of the next examination will be October 17, 1906. The subjects in which the applicants shall be examined are: Anatomy, and physiology, general medical diseases, hygiene, surgery, diseases of women, obstetrics, or genito-urinary diseases, care and feeding of infants, materia medica and dietetics. In the place of any one of the foregoing subjects, either hydro-therapy and massage, contagious diseases or nursing the insane, may be substituted by the applicant. The average rating must be not less than 65 per cent. Applicants may be excluded from the examination when the Board has proof of gross incompetency, or any acts derogatory to the moral standing of the profession of nursing.

WASHINGTON.—A bill for state registration is soon to be introduced into the legislature of the State of Washington.

TENNESSEE.—The Graduate Nurses' Association of Memphis, Tennessee, has been working quietly for two years for the organization of a state association to secure state registration. As a means of stimulating interest in the subject throughout the state, the Memphis association presented a bill to the legislature last year, which was unsuccessful, but which has acted as something of a stimulant in arousing the nurses. There are great numbers of nurses from the north in Tennessee and the adjoining states, whose indifference to the local interests is a great drawback to professional progress. South-

ern women trained in the north and working there are equally indifferent to nursing conditions in the south, so that the nurses at least of Tennessee are laboring under a double disadvantage. The Memphis association has affiliated with the federation of women's clubs, and is assured of the support of that organization when the bill is presented again.

IOWA.—The legislative committee is organizing its forces to begin a new campaign this fall, systematically appointing leaders for each district. There have been many changes in the personnel of the legislature since the bill was presented last year, and the outlook is encouraging.

THE ABUSE OF THE RED CROSS INSIGNIA

THE *Red Cross Bulletin* No. 3, issued in July, 1906, calls attention to the increase of the illegal use of the red cross insignia as the Red Cross Society gains prominence and importance. At the recent Geneva conference it was decided to make very vigorous efforts to control the abuse of the insignia and it is hoped that within five years it may be made a serious misdemeanor to use it in trade or for other purposes. The United States has never safeguarded the insignia as has been done in other countries. The circular states:

In two cases that have been brought to the notice of the Executive Committee so-called training schools for nurses that provide, in one case a course of a few weeks with no hospital experience, and in another a training by correspondence only, called their nurses Red Cross nurses. As it is the object of the National Red Cross to enroll among its nurses only such as have had a regular two or three years' course with hospital training, and whose efficiency and character have been thoroughly vouched for so that our American National Red Cross nurses will rank as highly as do the Red Cross nurses in many of the other countries, this use of the Red Cross by such institutions as those mentioned above must act as a strong detriment to the National Red Cross and prove especially injurious to its efforts to secure the enrollment of the highest class of trained nurses.

Red Cross nurses are enrolled for service in time of war or of great calamity as provided in the charter and a false impression is conveyed when nurses not enrolled by the National Red Cross make use of this name of Red Cross nurse. There can be in each country but one Red Cross Society as recognized by the International Red Cross Committee of Geneva upon proof that the Society has received official recognition from the Government of its own country and only its nurses are really Red Cross nurses, so that all others using this name convey to the public a false impression that they are nurses of the Red Cross.

Public opinion should most strongly oppose the abuse of the Red Cross insignia, and its use, save for the purposes for which it was created, earnestly discountenanced. The members of the Red Cross are requested to report to the Executive Committee all

such use of the Red Cross, not connected with the National Society, that may come within their cognizance. The Society has a list of those manufacturers who obtained the Red Cross, as a trademark previous to its reincorporation under the present charter in January, 1905. It should be the duty of every American to see to it that in our country this Red Cross insignia, created for so beneficent a purpose, is protected as far as possible from the degradation of becoming a mere advertisement for money making designs.

DISCHARGED PATIENTS BEFRIENDED

THE Directors of Bellevue Hospital have done a very fine thing. They have engaged a graduate nurse to look after and befriend all patients who are discharged from the hospital, so that hereafter no patient can leave the hospital homeless and without resource. Miss Wadley, who is eminently fitted for this post, has been appointed. She has her office in the hospital, and goes about in the wards, learning which patients are due to be discharged, and then finding out whether they have friends or homes to go to. If not, it is her duty to make some provision for them, either by putting them in charge of some charitable society, or sending them to Homes or Shelters, or in some way to befriend them. Miss Wadley finds the work most gratifying and will be able to do an immense amount of good.

THE ORANGE TRAINING-SCHOOL

WE have noted in a previous number the taking over of the training-school at Orange, N. J., by the hospital. We understand that this readjustment has been brought about with great harmony, and that the course is to be extended to three years, including a preparatory course, the extern duty being in time curtailed. The reason for the giving up the Orange school as a separate institution was because of its inability to meet the requirements of registration of the New York law, and the close proximity of Orange to New York City made the lack of such registration a serious drawback to the graduates, reacting upon the school by making it almost impossible to obtain probationers.

We understand that a school for attendance is to be started in the autumn by a number of the ladies on the Board who are not thoroughly in accord with the new arrangements.

THE NEW OWNERSHIP OF THE BRITISH JOURNAL

THE announcement made by Miss Dock in the foreign department, of the taking over of the *British Journal of Nursing* by the organized

nurses of Great Britain, is a matter for professional rejoicing everywhere. This is an indication of splendid unity among the progressive and intelligent nurses of Great Britain, and it perpetuates the life work of Mrs. Bedford Fenwick and endorses the principles for which she has struggled single-handed so many years. We congratulate Mrs. Fenwick for this splendid recognition of her work, and we join hands with the nurses of Great Britain who have so valiantly rallied to her support.

THE JOURNAL YEAR

WITH this issue the sixth year of the JOURNAL's life closes; to an outsider, perhaps, a year of uneventful success, but to those within the circle the most prosperous and professionally influential since it has been established. To those who are specially interested in the JOURNAL's welfare, we want to say that the greatest need which presents itself to the editor at this time, is to increase the number of pages in each issue. We profess to give sixty-four pages of reading matter, for a \$2.00 subscription. We give, more often, seventy-two or eighty pages, and our ambition is to print ninety-six pages in each number, in order that we may use every item of material that presents itself for our consideration. From a business standpoint, to so increase the number of pages, without increasing the subscription price, would be the extreme of bad management, and we might expect disaster in consequence. If, however, the great group of organizations which are interested in the JOURNAL's success would concentrate their forces for a few months upon the subject of doubling the subscription list, the increase in the number of pages could be made with perfect safety. Each individual subscriber who will send a new subscription with her own renewal, will receive a copy of Miss McIsaac's "A New Cranford." Each alumnae association which will secure all of its members as subscribers, will be furnished the JOURNAL at a club rate of \$1.50.

The past year has added greatly to the value of the JOURNAL to the private nurses. We have a splendid group of papers on hand, and so many promised that we can speak positively in regard to the quality of the material which we shall present in the near future. Among the papers on hand, we have "Nursing in Old Mexico," by Olive Purves; "Disposal of Sputa," Edith P. Jones; "Training for Visiting Nursing," and "Rural Nursing," L. L. Dock; "Artistic Nursing," Mary F. Sewell; "Nursing Treatment of Infantile Diarrhoea," Miss Goodwin; "A Typhoid Case," Miss Needham; "Preparation for an

Operation in the Country," Miss Crawford; "Long case Nursing," Dr. Horner; "The Nursing of Diphtheria," Miss Mathieson; "The Nurse from a Patient's Point of View," Mrs. John Maynard Harlan; "In Case of Death," Miss Boeckmann; "Some Problems of the Nurse in a Small Town," Miss Barns.

Of the papers promised are: "Cancer," Miss Baxter; "Care of an Incubator Baby," Miss Christie; subject unknown, Miss Holmes; "Care of the Aged," Miss Breeze; "Common Things in Nursing," Miss Eldridge; "The Nurse as a Home Missionary," Miss Wilson; "The Record Sheet," Miss Farr; "Consideration due the Helpless," Miss Beadle; "Eclampsia," Miss Campbell; "Chorea," Miss Patterson; "Milk Modification," Sister Amy; "Cleanliness versus Asepsis," Miss Schumacher, and papers on subjects not chosen, by Miss Rommell, Miss Bettys and Miss Dorsey.

It is our ambition to be able to give more space to the discussion of hospital and training-school administration, and methods of instruction in training-schools. These subjects, we think, are peculiarly vital at this time. It has always been our ambition to open a department for the home, and to give a condensed report each month of the broader lines of work in which women are engaged, that correlate either directly or indirectly with nursing; but before we can so broaden the pages of the magazine the business side must be looked to. A little more vigorous coöperation from all the forces interested would carry the JOURNAL forward upon these lines, and make the coming year still greater than the last.

SOME INFORMATION ASKED FOR

ONE of our correspondents in a small western city, has asked us to ascertain, through the pages of the JOURNAL, what success nurses have had or are having in the establishment and management of private hospitals. We have been able to furnish her personally very little information, as our acquaintance with nurses who have experimented along these lines has been somewhat limited, but we know there are nurses who have succeeded and others who have failed, and we would like very much to hear from both classes as to the result of their experiments. Of course this correspondent must look, first, to the financial side of the enterprise, the cost of equipment, rent, service, etc., and she also will wish to know how quickly the public responds and what support the medical profession may be depended upon to give, when a hospital of this kind is first started.

From a still farther northern section, comes a request for papers

on the management of hospitals, to embody the work of a nursing superintendent, her power and authority, her relation to the medical staff, the appointment of substitutes, vacations, etc.

We have also heard from a subscriber in a far eastern section of the country, telling us of the great value that Miss Noyes' paper on the small hospital laundry has been to her. It so happened that at the time the article was published, in our July issue, the question of the equipment of a laundry was having to be settled in the hospital of which she is the superintendent. This writer begs for more papers of a practical kind on all the subjects pertaining to the equipment and administration of small hospitals. We feel very sure that many of our readers are having special experiences that would be of great value to others engaged in the same line of work in hospitals, and we hope that during the coming year they may be moved to give more of their knowledge to their fellow workers.

TIME TO RENEW

WE would remind our subscribers that there are a great many expirations with the September number. Do not risk breaking your file by delaying. Renew now.



SHALL TRAINING SCHOOLS FOR NURSES BE ENDOWED?

AN ADDRESS DELIVERED BEFORE THE TRAINING SCHOOL FOR NURSES OF LAKESIDE HOSPITAL, CLEVELAND, MAY 11, 1906, BY HENRY M. HURD, M.D., SUPT. THE JOHNS HOPKINS HOSPITAL AND PROFESSOR OF PSYCHIATRY, JOHNS HOPKINS UNIVERSITY.

THE modern training school for nurses owed its origin, as has often been repeated, to the charitable impulses of devoted women who wished to acquire a knowledge of the best way to nurse the sick and to impart this knowledge to others. As the art of nursing had no definite beginning—it simply grew—so it may be said without in any manner seeming to undervalue its importance that the work of the training school was not originally fostered and developed for its value as a means of education or mental training, but rather as a species of handicraft. Some persons engaged in the care of the sick in certain hospitals or institutions had evolved through observation and experience fixed methods of nursing which they taught to others, who in turn practiced them until, through many repetitions, they had become proficient in them, just as housekeeping, spinning, weaving, and other domestic arts were taught to our ancestors a century ago, not from precept or from text-books, but by example and often strictly in accordance with precedent. It was sufficient to know that certain procedures had been found useful in the care of the sick, and that they had the warrant of long-established usage for their continued employment; they were accepted as orthodox and there was little disposition to call in question their superiority or to modify them as the result of any spirit of inquiry or through skepticism as to their intrinsic value born of the scientific spirit. Great comfort to the sick has followed the pursuit of nursing simply as a handicraft, and many there are—principally those whose faces are set towards the setting rather than the rising sun—who still lament that the methods of instruction in nursing did not continue to be manual as of a handicraft rather than educational as of a profession. Handicraft concerns itself most in learning the way in which some other person has performed a given piece of work, and generally considers facility in doing it. Education, on the other hand, gives good reasons for doing the task in a specified way, and teaches the principles which underlie any proper method of accomplishing it, and which may be effective in the future, and thus enable one to meet an unexpected emergency or cope with a new difficulty. Manual

dexterity or handicraft renders one skilful to do what some one before you has already done; education in the principles of an art renders one resourceful in the face of new problems and fits one to assume unexpected burdens. I have no desire to minimize the importance of manual training or to be classed among those who would train the head rather than the hand. Manual training has, however, been sufficiently emphasized in our modern educational methods, and needs no elaborate advocacy at the present time. It is interesting to note how, even at this time, the ancient contention among the Greeks as to the value of the liberal as opposed to the practical arts is constantly reappearing. Plato declared that arts like music, literature, mathematics, and philosophy were liberal arts because, as he believed, through their study it was "easier for one to see the good and to realize its perfection" than through the study of practical arts. These so-called liberal arts were avowedly without any practical outcome. They were woven out of the imagination or were the results of abstract philosophical speculation, and their pursuit was a purely intellectual one. Those who followed them always manifested a degree of condescension towards those who practiced the practical or technical arts. This distinction has gone through the educational systems of every people for many centuries, and the last word has not been uttered concerning them even yet. It has been impossible for many minds to conceive that theory and practice may be combined, and that the best way to see the beautiful and good and to realize their perfection is to give the beautiful and good a concrete form in noble, philanthropic acts to develop civilization and uplift the race.

It is related in a university town that a distinguished mathematician was once approached by a talkative lady with an inquiring mind, who asked him to tell her all about the practical utility of higher mathematics, and received the rather unsatisfactory reply, "Thank God, madam, it has no practical use." Such a conception of knowledge may be of the highest interest to a mathematical genius, but to an ordinary person a science or an art which has some practical utility appeals much more strongly than one which exists wholly in the realm of imaginative speculation and never comes down to earth.

In the evolution of nursing we see a happy combination of liberal knowledge and practical experience. The mind of the nurse is instructed to perceive the bearing of scientific laws and to apply them to the better care of the sick; the hand is taught to do, the eye to see, and the ear to hear. We used to hear much of the qualities of the natural physician, the natural musician, the born artist, and the

born nurse. Unquestionably many people have a special aptitude for special employments, but no one can make aptitude a substitute for mental training. A natural qualification of the eye and of the hand, and of every sense, is most desirable in any calling, but an acquired qualification of the mind is equally essential, because it renders possible a proper coördination of every faculty.

In the admirable little book of Professor Allbutt, he utters words in reference to medical education which may with equal force be applied to all education. He says: "In the minds of academical teachers the notion still survives that the theoretical or university form and the practical or technical form of a profession, or, rather, calling, may not only be regarded separately and taught in some distinction—which may be true—but in independence of each other; nay, that the intrusion of a technical quality by materializing tends to degrade the purity or liberality of the theoretical; that, indeed, if he have not to get his daily bread, the high-minded student may do well to let the shop severely alone. Thus the university is prone to make of education thought without hands; the technical school, hands without thought; each fighting shy of the other. But if in a liberal training the sciences must be taught whereby the crafts are interpreted, economized, and developed, no less do the crafts by finding ever new problems and tests of science inseminate and inform them, as in our day physics have been informed and fertilized by the fine craft of such men as Helmholtz, Cornu, and Stokes; or biology by that of Darwin, Virchow, Pasteur, and Lister." He says further: "There exists, no doubt, the opposite danger of reducing education to the narrow ideas and stationary habits of the mere artisan. By stereotyped methods, the shop-master who does not see beyond his nose may cramp the prentice; and the prentice becomes shop-master in turn. If in the feudal times, and times like them in this respect, manual craft was despised and the whole reason of man was driven into the attenuated spray of abstract ingenuity, in other times or parts of society a heavy plod of manual habit had so thickened 'the nimble spirits in the arteries,' that man was little better than a beaver: on the one side matter, gross and blockish; on the other, speculation, vacuous of all touch of nature. We need sorely the elevation, the breadth, the disinterestedness, the imagination, which universities create and maintain; but in universities we need bridges in every parish between the provinces of craft and thought. Our purpose must be to obtain the blend of craft and thought which on the one hand delivers us from a creeping empiricism, on the other from exorbitant ratiocinations."

There still exists a survival of archaic ideas in regard to nursing. Nursing the sick in this country at least owed its origin to the humane impulses which lead the well to care for the sick. In country places or pioneer life the duty of sitting up with the sick at night had always been regarded a sacred one, and friends and neighbors had ever been prompt to respond to the call. When the immediate family became worn out by the care of a case of prolonged illness, the same persons responded to the summons by night and by day, even to the neglect of their own daily avocations. The mother also at all times was the natural nurse of the family. As she did not engage in the exhausting toil of the field or of the farm, she was often able to combine the care of the sick with her household duties. Hence, as was natural, the early theory of nursing contemplated that an individual should perfect herself in the work by practice, and there was little thought of the need of any higher education. For this reason, when training schools were established the period of training was comparatively brief. The first training schools, in fact, had periods of training of less than a year, and even then the instruction afforded was primitive and meagre. With the advent, however, of antiseptic surgery, due to a knowledge of the germ theory of disease, the discoveries of bacteriology, and the advances in the field of preventive medicine, it became apparent to all that nursing could no longer continue to be a handicraft and a merely practical service. It was essential that the nurse should understand the principles which were enlightening her work; that she should know why certain procedures had been adopted, and why they were absolutely essential. The rule of thumb could no longer be practiced in nursing. The nurse must become a thinking, reasoning person, able not only to follow precedent, but fully equipped to reason from established principles and resourceful to meet emergencies. This necessitated an extension of the period of study, a systematic course of instruction, and a greater complexity and thoroughness of training. The period of study, which had been less than one year, grew to two years, and finally in the best training schools it has been extended to three years. It also became painfully evident that many pupils who offered themselves for instruction were not prepared by previous training to profit by it. Many of them did not have an adequate general education, and, besides, they lacked special knowledge of housekeeping, cooking, dietetics, and an elementary knowledge even of the sciences which underlie all the work of the nurse. In consequence of these educational deficiencies among applicants, a preliminary course of instruction has been arranged in some of our training schools, for the purpose of giving nurses an ele-

mentary knowledge of physiology, anatomy, and hygiene, and a practical knowledge of cooking, bandaging, the care of the room, and the personal care of patients, before admitting them to the wards and giving them responsible duties in the nursing of the sick. These higher standards of instruction and lengthened periods of training have vastly increased the expenses of training schools. Haphazard instruction, such as was formerly given by lectures from members of the medical or nursing staff, who often had little knowledge how to teach or what to teach most effectively, has been replaced in some measure by systematic instruction given by paid teachers. Instruction in household economics, dietetics, cooking, anatomy, physiology, hygiene, massage, and pharmacology, in whole or in part, has now in many schools been placed in the hands of salaried teachers, the clinical branches alone being committed to the medical staff. Similar instruction in the practical duties of the nurse has been committed to persons selected to teach because of proper knowledge and an aptitude for teaching. Such schools have been placed upon the footing of educational institutions, and while they have relinquished none of their excellence, and have sacrificed none of their practical functions as trainers of thoroughly equipped nurses, but have rather increased them, they have ceased to be mere manual training schools.

As in the past, so now training schools for nurses suffer from an imperfect appreciation of their true scope on the part of their promoters and of the public generally. In the past, owing to the lack of any endowment or proper means of support for training schools, in many instances it was customary to send nurses out into the community during their period of training to earn money for the school in order to maintain it. The position of the nurse thus sent away from the school was akin to that of the tourist in the Cannibal Islands, who, when he was welcomed to a feast, found to his surprise that he was personally expected to furnish the meal. The effect of such a practice has been altogether bad. The nurse doubtless learns something of human nature by these semi-charitable excursions into the homes of the well-to-do, but she loses far more than she gains. Orderly, systematic instruction under competent supervision is impossible. A nurse engrossed in the care of a very ill patient in a family at a distance from the hospital cannot attend class exercises or pursue her studies to any advantage. She gets an impression, moreover, that her class work and proper instruction in her duties are secondary considerations, and that the chief part of her training is her practical work. Furthermore, the poverty of the school and the withdrawal of many nurses necessitate excessive

hours of work for the inadequate staff which remains. There are never too many nurses for the work of an active hospital, and if hospitals like these are to be adequately nursed, those who remain behind must work over-hours. The position of the pupil nurse is a deplorable one. Deprived of capacity to acquire knowledge by reason of fatigue and nervous exhaustion, she cannot profit even by the meagre and imperfect instruction which under more favorable circumstances she might secure. Another and more deplorable feature is the over-emphasis which is thus laid upon the commercial side of nursing. Nursing is no longer viewed as a profession to be acquired through education and hard study, but a trade to be pursued solely with a view to getting a living. It is but natural that a nurse should feel that theoretical instruction is of little value when it is the custom of the hospital and training school to interrupt her education at any time to send her out to attend to patients in no way connected with the school, or when the nurse is kept away from her studies and class-room by the excessive demands of the hospital upon her time. It is well known that no first-class school of any sort, and no form of higher education, can be a profitable business enterprise; that the teaching of theology, of law, medicine, and of pedagogics, or instruction in the strictly technical schools, cannot rest upon a commercial basis and pay its proper expenses. It should ever be borne in mind that nursing the sick is now a calling, as much as law, medicine, or theology; that it enters into the life of the community to a greater extent even than these professions, and that the families of the rich equally with the poor are concerned in the proper education and training of nurses.

The experience of our medical schools is of interest in this connection, as showing how it is now impossible to conduct a first-class school as a commercial venture. Formerly, when medicine was taught by lectures, and students were instructed *en masse*, it was possible to secure an ample and one might truthfully say an excessive compensation from students for the instruction given. There were no outlays for laboratories, and no arrangements for clinical teaching. Physiology, pathology, clinical microscopy, pharmacology, physiological chemistry, histology, and embryology were unknown, or their teaching was ignored. They had few salaried instructors, little apparatus beyond a simple chemical outfit, and no bedside instruction. This is now changed, and the old-fashioned medical school finds that it must transform itself into a true educational institution, with many laboratories and much expensive apparatus for teaching, or go out of business. Falstaff's fatal disease, "Consumption of the purse," is inevitable with many of them.

The medical schools which remain in commission must have an ample endowment to place medical education upon a proper footing and do good educational work. It is equally true that a similar endowment is necessary for the training schools for nurses. The duty is apparent. To the nurse is committed the personal care of the sick in every community; she comes into the family; she bears the responsibility and care of the family in the absence of the family physician; she represents him, replaces him, assists him, and supplements his labors by her efficiency and helpfulness. Through her efforts his labors to cure his patients are made effective. If she is imperfectly trained and unable to appreciate the higher range of her duties, she becomes a broken reed, upon which he cannot lean with safety.

Then, too, in the more public duties of the nurse an adequate training is equally essential. In every city, large or small—nay, in every village or town—the hospital, with its properly arranged, well equipped operating room, efficiently supervised by a trained nurse, has become essential, so that an accident case, or one requiring sudden surgical intervention, can be cared for as speedily and as well at the home of the patient, wherever that may be, as in the largest city clinic or the most expensive hospital in the land. The competent and thoroughly trained nurse is an all-important adjunct of every such hospital.

The nurse has also been introduced into the public school, with great advantage to the public welfare. She watches over the health of the pupils; she observes the hygienic condition of the school; she visits the home to know how the pupils live there, and to give such instruction as will improve the conditions of living. In district nursing her services also require the highest grade of intelligence and training. She must become, to use Florence Nightingale's term, "a missionary of health" to families of the poor, and must preach the gospel of hygienic living and healthful surroundings.

Upon the tuberculosis nurse is placed the hardest part of the battle which is being waged against tuberculosis in every part of the country. She not only must look after the sick as a nurse, but also is responsible for the hygienic care of the sick and the instruction of the family, so that tuberculosis may not be a source of danger to the community. She must equally instruct the family and supervise the home, so that other members of the family may not, through inadvertence or ignorance, acquire the dread disease. She must see that families live healthily; that too many are not crowded into an infected room; that rooms are properly disinfected after the death or removal of a tubercular patient, and must protect the whole community from the spread of tuberculous disease.

When such important duties devolve upon the trained nurse, it is short-sighted in the extreme and contrary to good policy to leave the establishment and maintenance of training schools to private initiative, where too often the governing motive must be to get public or private hospitals supplied with nurses at the lowest cost to the institution.

Is it not the duty of the public rather, for its own welfare, to see that nurses' training schools are adequately endowed, so that young women of character and ability can be induced to come to them, and so that when they come to such training schools they may be properly instructed for the discharge of duties which take hold of the health and welfare of the entire community?

I deem it a high privilege and honor to be called to address you at this time. In the comparatively brief career of Lakeside Hospital its reputation has extended to other cities and has incited other communities to good works. The Hospital and its Training School have stood for thorough, faithful work. Those who founded them laid substantial foundations and built wisely upon them. Expert advice has always been sought, and the Hospital and the Training School have profited by them. No one can esteem too highly the influence of such a hospital and such a school upon the public welfare. They have served in the past and will continue to serve as models for the guidance of other similar institutions in Cleveland and in other cities. The reflex influence for good also upon those who have felt the responsibility of their maintenance and perfection cannot be overestimated. A city which thus endows hospitals and training schools for nurses and supports them demonstrates anew the growing sense of the responsibility those should feel who have wealth. Large wealth is indeed a trust for the public welfare, not a possession for private gratification and individual luxury. The hope of the American people is largely centered around the proper maintenance of these and similar institutions. What would the history of Boston have been during the past century had the Massachusetts General Hospital and the City Hospital never been erected? Who can estimate how much these institutions have done for the public welfare, and how much more for the education of the wealthy in the proper use of their abundance? How large a place in the municipal life of New York City has been taken by the New York Hospital, Roosevelt Hospital, St. Luke's Hospital, and the Presbyterian Hospital. Similarly, in Philadelphia. Can the influence of the Pennsylvania Hospital, founded by the efforts of Benjamin Franklin and perpetuated by a long line of worthy philanthropists who have succeeded him,

upon the development of the spirit of charity in that city be summed up in words? In my own city, the foundations which bear the name of Johns Hopkins have made an impression upon the whole city, and not alone upon the profession of medicine. The intellectual development of the whole country has been quickened and energized by the example of wealth dedicated to higher uses. We are told that the example of George Peabody directly influenced Johns Hopkins. So, in turn, the example of Johns Hopkins has similarly influenced many others, until the widening circle of influence has extended over the whole land. The liberal endowment of a school for nurses here or in New York or Philadelphia or Boston or Baltimore must prove equally beneficial to the profession of nursing throughout the United States.

A well-known writer has published an interesting and suggestive book to show that the law of mutual aid as opposed to the more generally accepted law of competition and constant struggle has been a potent factor in the evolution first of the animal kingdom and of man, and afterwards equally in the evolution of human institutions. He fortifies his contention by many novel and interesting facts drawn from nature. He describes how land crabs assist each other in the event of an accident or sudden calamity, going so far as to station sentinels to protect moulting crabs, who are at this time helpless to protect themselves; how the worker ant carries the lame, feeds the hungry or exhausted, cares for the lazy or incompetent, and labors assiduously and unselfishly for the general good; how the honey bee rejoices in a life of servitude and self-denial to upbuild the community, without the smallest regard for the individual; and how birds of prey like the eagle, the hawk, and the vulture band themselves together for mutual protection and assistance. They seek their food together, warn each other of danger, notify one another of the presence of prey, and share with each other the product of the chase. Beavers, it is well known, in community life undertake great public works for mutual benefit, and their whole existence depends upon a complete harmony of action and mutual assistance in providing food and shelter. Even horses and cattle, now the most individual of our domestic animals, in a wild state lead an associated rather than an isolated life, and protect each other and their young, often at the cost of much individual suffering, distress, and death. The same holds good among barbarous peoples, and even among savages. The law of mutual help, the law of hospitality, the care of the aged, the protection of the weak—all these forms of personal service exist in a rudimentary form in the lowest civilizations. As we rise in the

scale, the degree to which one helps another increases, until mutual effort by all for the welfare of the whole community has come to be regarded as a universal law of society. This has been most clearly and forcibly expressed by St. Paul, when he says: "We then that are strong ought to bear the burdens of the weak and not to please ourselves." There can be no higher form of mutual assistance than the personal service rendered by the trained nurse in the hospital, as a district nurse, as a tuberculosis nurse, in the public schools, in the social settlement, in the army and navy in the Red Cross, in the home of the poor or the palace of the rich. Everywhere her presence makes for comfort in sickness, for the minimization of the loss to the community and the state which disease, suffering, and death entail, for the prevention of disease, and for the social uplift which is the hope of the nation, with its conglomerate population and racial diversities and animosities. More surely than education alone, more strongly than the ties of religion, more firmly than self-interest and commercialism, this form of service will bind society together and assist each class in the effort to lighten the burdens of the other.

And now a word of apology to the graduating class, which I have neglected too long. I have already trespassed too much upon your patience, and have little time for the advice which usually flows so freely upon these occasions. If I have no great amount to proffer, it is because I feel that to-day should rather be one of congratulation. You have studied diligently and labored industriously during your period of training, and you are to be felicitated upon having gained what you have striven for. "Earnest toil and strong endeavor" are beneficial to those who are developing characters, it is true, but accomplishment is no less so. We are developed also by attainment and success, and are fitted to attempt greater deeds.

I would impress upon you, as forcibly as I can, the great need in every community of personal, intelligent service to relieve sickness, suffering, and distress, and to better social conditions. You have been specially trained for this service, and are peculiarly equipped to do efficient work. Much has been done for you, and you have done much for yourselves. We have a right to expect much from your initial fitness for the work of nursing, and your excellent training. Your chosen calling is not, primarily, an opportunity to open the world's richest oyster or to shake the golden plum tree of worldly success. It is rather the privilege to minister to suffering, to help every philanthropic enterprise, and to assist in the betterment of the masses.

I would impress upon you the need of accurate and available

knowledge. Continue your habits of reading and study, and study with open eyes and receptive and retentive minds. An American politician (some called him a statesman) once said, "I thank the Lord that the things which I know I know, anywhere at any time." Of a recently appointed English cabinet minister it is said, "His mind is not an attic littered with odds and ends mainly for rainy-day service and reminiscence, but a well-ordered store-house filled with seasoned dimension stuff and ready for instant construction." A few days ago I heard a witty divine divide physicians into two classes, those on the one hand who are so engrossed in study as to be unable to do any practice, and those on the other who are so busy with practice that they never study at all. Seek a happy mean between these two conditions. Form habits of study, keep pace with the improvements in nursing, take the journals of your calling, and not only read but contribute to them. Continue to educate yourselves, and avoid any retrogression in your work, such as will otherwise be inevitable. I have no fear that nurses will ever be over-educated or over-trained. Knowledge is power, and the fuller the knowledge and the better the training of a good nurse, the greater her power.

Every nurse should have a hobby to ride for recreation and exercise in the intervals of her severer duties. This can be almost anything which is not associated with her work as a nurse, such as dabbling in water colors, writing poetry, collecting old books, painting china, gathering cigar bands or stamps or old coins or antique furniture. Whatever the hobby or fad may be, it should be ridden faithfully and with enthusiasm, but also with discretion; the nurse should retain a firm seat and master the hobby and not be controlled by it. This diversion will be a safety-valve if one is inclined to live at too high a rate of pressure, and may possibly avert a catastrophe. Do not take your life as a nurse too seriously. Be content with doing your full duty in all you attempt to do; bear constantly in mind that impossibilities are not expected of any persons—except possibly hospital officers and trustees. They should be able to work miracles. Be calm when you have done your best, and cease to worry over what cannot be helped.

Learn to be cheerful, happy, hopeful, and enthusiastic workers. Pessimism and a spirit of complaint never accomplished any good and never can.

In the name of the profession of medicine, and in behalf of its members, I welcome you and bid you God speed!

THE NECESSITY OF ORGANIZING COUNTY ASSOCIATIONS

By IDA R. PALMER, R.N.

Graduate Newport Hospital School for Nurses ; President, Monroe County
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WHEN the idea of a state association for nurses was first considered in New York, one of the points most carefully studied was that of membership—whether it should be on the individual basis or through affiliated societies.

Upon consultation with those who had had long experience in state organizations, we were told that individual membership was unwieldy, and that the form of state organization which gave the most satisfactory results was the affiliation of well organized county societies. In the medical and other professions registered by the Regents, the affiliation of county societies was the recognized form of organization.

At that time we had but one county nurses' association in the whole state, the Monroe County Graduate Nurses' Association, organized in March, 1900. To have formed county societies throughout the state before organizing our state association would have necessitated postponing the formation of the state society for years, and have interfered seriously with the work for state registration, which it was our desire should be pushed as rapidly as possible.

The only other organizations which were available were the *alumnæ* societies, and it was finally decided to admit such to membership, with the distinct understanding that as soon as possible county societies should be formed and substituted for the *alumnæ* societies.

It was necessary at that time to permit individual membership also, but this individual form of membership has not proved to be very satisfactory, for, with the exception of a few charter members, the individuals, after attending one or two meetings, have lost interest; some have resigned, and many have been dropped for non-payment of dues.

The expense to individual members of attending meetings is very great; to go on paying dues in a society when one does not or cannot attend the meetings is most unsatisfactory. Many of these members have become interested in the work of their local societies, and are satisfied to do their part in the state work through them. Certainly those who attended the first meetings of the state associa-

tion have a better understanding of it and its efforts, and are of inestimable value in their local societies.

Alumnæ societies have in the past played a very important part in our organization life in developing and fostering school loyalty, and in uniting the graduates of each school in closer friendship and sympathy, and in the beginning of our organization life that work was what was most needed; but now that we have begun to work upon broader lines, a different form of organization would seem to be necessary, one that will unite all nurses in a community, irrespective of school.

It would seem that the time is fast coming when the training school alumnæ should hold the same place in the nurses' life that the alumnæ of the college holds—a grand rally once a year, which all members make a great effort to attend; a meeting when all petty worries and sordid considerations are forgotten, and only the joy of meeting old and making new friends is thought of. The alumnæ should concern itself only with those things which pertain to its own hospital training school, and leave all outside matters to the local or county society, which should be responsible for the control of all nursing movements in the county and in the state.

The alumnæ society does not reach the nurse who graduated from a hospital in some other city; she is left out in the cold to struggle on by herself. If she meets a nurse who is a graduate of a local school, she is apt to be made to feel that she is not one of "our" nurses, and she has no part in whatever work is going on because she is an outsider. Neither does the alumnæ society reach out very cordially to the graduates of other schools in the same city, and concerted action on the part of alumnæ societies in the same city is almost unheard of.

In the present condition of things there is a duplication of membership in some parts of the state. For instance, when the Monroe County Registered Nurses' Association was formed, it was thought that all state work for the county would be done through that society, but when the alumnæ societies in Rochester found that the alumnæ societies in other sections of the state were joining the state association, they joined also, although many of their members were members of the county society. The result is that, instead of these members paying dues of twenty cents per capita in the state association, they are paying forty cents. This is good for the treasury of the state society, but is an injustice to the nurses who wish to retain membership in both the county and alumnæ societies, and they wish their

alumnæ to be represented in the state association if other alumnæ societies have such representation.

It would seem that some form of membership in the state association should be devised by which this duplication may be avoided. The alumnæ society is certainly a clumsy form, owing to the fact that many members are non-resident and must be counted out in estimating the number of votes. The question is, how many of these votes are counted out. In a society that is carelessly managed there is opportunity for a greater number of votes being cast than the society is legally entitled to. I do not mean that this would be done intentionally by any one, but simply through carelessness or misunderstanding.

What is needed at the present time is a form of local organization which will unite all nurses living in a community in social and professional relations. The medical and other professions have learned from long years of experience that the county organization is the best for bringing all members of a profession in a community together, and we should profit by their experience in this as we did in the framing of our bill.

Why is the county society the best form of organization for state and local work?

Because it is the broadest organization, bringing together the graduates of all registered schools upon an equal basis.

Because every registered nurse living in the county is eligible for membership, no matter where she was trained.

School lines are broken down, and nurses realize that there are good women and good nurses graduated from all training schools, and not alone from "our" school, as they had fondly believed.

It brings all the leaders together from the different schools to work for a common purpose, with more effective results.

When some matter of general interest to the nurses, like the Cooper bill, comes up, they can be reached more quickly through the county society, because the calling of one meeting brings them all together, instead of waiting to call meetings of several societies, as is the case with the present form of organization.

The meeting of many nurses from many schools is broadening and stimulating to the individual, and many ideas and lines of work will be developed through this personal contact that would never have been thought possible under the alumnæ conditions.

The organization of county societies should be on as broad lines as possible with the idea that the members are to interest themselves in all questions relating to public health, as well as in strictly professional and educational affairs.

Membership should be on the individual basis, and every member should be an active member, feeling that she has her own part to perform, no matter how small, and that the success of the society depends upon her interest and coöperation as well as upon that of all the other members; bearing in mind that it is by the small efforts of a great number acting in unison that great results are attained.

The requirements for membership should be registration and good professional standing; there should be no discrimination in regard to graduates of schools that are registered. There are many good women who are good nurses, who were unfortunate in their choice of schools when they entered training, but they may prove to be the best workers in organization life.

In nominating officers (I speak here from experience) the secretary and treasurer should, whenever possible, be selected from those nurses in the community holding permanent positions, provided they are good workers; the confusion arising from yearly changes in these offices is very great, and detrimental to the best interests of a society.

It should always be born in mind in selecting officers that it is the work the person will do and not the school they represent; that the society is to work for the best interests of the nursing profession, not only in its home city, but in the state and country at large.

To sum up as to why the county association is the recognized form of organization for state work:

It brings together in social and professional relations all registered nurses living in a county, and thus breaks down school lines and is broadening in its effect upon the individual.

It brings all active workers from the various schools together, and enables them to do more effective work.

It interests the individual in what is being done in the county and state.

When some matter of state importance arises the nurses are more easily reached through the county society if their personal support is needed.

The meeting of many nurses from many schools is stimulating to the individual, and rouses the coöperative spirit and the desire to do something besides "talk shop" at the society meetings.

The time would seem to have come when the state association should be reorganized upon the county basis, and the associated alumnae upon the state basis, with representation from states.

This should be done without haste, but judiciously and harmoniously, that with the advancing years our associations may gain in strength and influence.

ARE THE TRAINED NURSES OVER-EDUCATED?*

By JAMES DUDLEY MORGAN, M.D.

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IN a city like Washington, where the results from the employment of trained nurses have been so beneficial and apparent, the question whether they are over-educated seems like begging the question.

It was in January, 1883, twenty-three years ago, that a committee composed of W. W. Johnston, M.D., T. C. McArdle, M.D., and Swan M. Burnett, M.D., of the Medical Society of the District of Columbia, was appointed to aid in the establishment of a directory for nurses. The committee in reporting urged especially "that great care should be used by physicians in recommending nurses, and it is especially useful to know if the nurse can read, whether she can use the catheter and the thermometer. . . . "†

Systematic nursing dates back about seventy years, to the time of Theodore Fliedner, who had the sick poor attended by trained nurses in the little town of Kaiserworth, yet this small beginning gave the impetus to the movement which by the year 1861 had reached our own shores and from the towns of Philadelphia and Boston spread slowly to other cities. In 1850 Florence Nightingale spent some time in the Fliedner school at Kaiserworth, familiarizing herself with the methods and mode of treatment of the sick. The history and progress of nursing in the past seventy years has been but the mirage or reflection of medical progress in our own profession, and as we advance as physicians and surgeons, so shall and should the nurse advance in skill and technique. The tendency of the times in teaching medicine is to get more away from the theoretical—the lectures—and give more time to the practical—the wards and laboratories. If the nurses have but a smattering of medicine, and by what little knowledge, skill, and foresight they may have acquired are able to talk somewhat intelligently of disease, when cornered and queried within four walls day in and day out by a distracted family who have been left in great ignorance as to what the disease may be or turn out to be, I say the position of the nurse is no sinecure. If they do "talk too much and think too little," do not attribute all to the training-school, for most of these young ladies had twenty-five years of life

* Read before the Washington Obstetrical and Gynecological Society, May 18, 1906.

† Proceedings of the Med. Society D. C., Jan. 1883, p. 66.

before they came to the training-school, and it is hard to mend old ways in three years when there twenty-five years of bad training before it. Again, in blaming the nurse we censure ourselves, for we as their preceptors in the training-school, knowing of the shortcomings and faults of the nurse, should so shape our lectures and instructions as to impress indelibly upon their minds what should and should not be done, and what should be said and what should be left unsaid. A well-known consulter tells of the inflexible poise of a trained nurse of "half knowledge and of pseudo-science." He said: "I asked her in a humble tone what the surgeon, whom I had failed to meet, had thought of the case, and she promptly replied that he thought there were features suggestive of an intracanalicular myxoma, and when I looked anxious and replied, had she happened to hear if he thought it had an epiblastic or mesoblastic origin? 'Mesoblastic, I believe,' was her answer."*

You may be sure that the education of the nurse will not be lessened. If there is any change, it will be an increase; not in the theory but in the practice of nursing. The tendency of the very best schools for nurses in our country, Garfield Hospital as an example, is to have more work and less theory. The nurses of Garfield have on an average eight hours of work and one hour of theory. Their first year is given up to cooking, familiarizing themselves with the appearance of drugs, work in supply-room for surgical dressings, and assisting the physician in the dispensary, plain housekeeping, such as making beds and keeping the rooms clean, and towards the end of the first year they become second and third assistants in the wards. The second year is devoted almost entirely to nursing medical and surgical cases in the open wards. The third year the nurses are assistants in obstetrical and surgical cases, and are head nurses in the open wards and do private nursing in the hospital. If the writer was a nurse, he should constantly be thinking "it is better to be sick than care for the sick." Imagine any one employing a nurse nowadays in a difficult or even a simple case and asking her if she can read or use the thermometer or catheter, and yet only twenty-three years ago in this city such questions had to be asked.

Education and good breeding are the requirements necessary for good nursing. The sensibilities of our nature are made purer and more ennobling by education and good breeding. Our heart beats in sympathy with the sufferer; we seek to aid him by the various devices we have learned in nursing; we perhaps may read to him,

* *Æquanimity and Other Addresses*, Wm. Osler, p. 161.

we encourage his sleeping by gentle and rythmical massage and a glass of warm milk or broth; we quiet his restlessness with an alcoholic rub, we reassure him that he is doing well and there is no need of seeing his physician before morning. Oh, what a sense of security a physician feels when away that he will be notified by the nurse of any serious change and not called back for minor, trifling incidents. "He knows that a bandage, if uncomfortable, will be slightly changed, as if he were present. A catheter will be used; that undue hemorrhage will be noted, that confidence in him will be maintained by the loyalty and assurance of the nurse."* A flagging heart in pneumonia will be noted as well as an increased restlessness and tympanites in typhoid. The kidney will be watched in scarlet fever, the lungs in measles, and the heart in diphtheria. Oh, nurses, how much easier, pleasanter and more successful you have made the practice of medicine.

In conclusion, to summarize why the trained nurse is not over-educated:

I.—Superiority of nurses of to-day over those of twenty-three years ago, due in a large measure to the higher educational requirements of the present time.

II.—Nursing is largely a matter of technique and careful attention to detail. These can be mastered only by long and careful training.

III.—Educational requirements of training-schools for nurses must keep pace with the educational requirements of the schools of medicine.

IV.—Tendency in medical schools towards less didactic and more bedside instruction. Room for improvement in schools for nurses along same lines.

V.—To lower the educational standards of the training-school would invite into the ranks of the nursing profession a less competent and less earnest class of women.

VI.—High educational standards beget confidence on the part of the laity.

VII.—The best argument in favor of maintaining the present standard is the fact that the more advanced nurses in the training-school are the ones in most demand by visiting and resident physicians.

* Robert Abbe, M. D., N. Y. Med. J., April 28, 1906.

NURSING ETHICS AND ETIQUETTE *

BY CHARLOTTE M. PERRY

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General Hospital

(Continued from page 616)

In passing to the senior grade, one should be conscious of having gained the mastery over numerous practical details, besides having accumulated a store of theoretical knowledge. Evidence of good training will be a broader judgment, a clearer insight and foresight, decision and poise of manner, skill in the performance of professional duties, a more thorough comprehension of what is expected of her and of the methods of the school. Ignorance is unpardonable at this stage, and indicates a measure of indifference and carelessness which gives rise to grave apprehension on the part of the superintendent as to ultimate success. One who has not developed on these lines has missed the true spirit of nursing, when sacrifice becomes a joy, leading to self-mastery. No selfish, inconsiderate person, no shirk, will ever make a nurse worth naming. If she eludes notice and graduates from the school there is a judgment-bar awaiting her outside. The laity are enlightened in this day and capable of appreciating personal values. It is a mistake to take up nursing unless one is prepared to meet hardships. Through struggle and conquest we realize a joyous success and a happy career.

In many hospitals where the course is of three years' duration, the third year is given up to filling important positions. This is an advantage in two ways; it prepares the pupil nurse for institutional management, and it ensures a greater harmony in conducting the affairs of the training-school, providing that nurses who receive such appointments are loyal to their superintendent. Everything depends upon that. She is the ultimate authority, the really responsible person; so that in sharing these heavy duties, the head nurse will not feel the full weight of them. The position of head nurse is one of interest and variety. She must not only teach the nurses entrusted to her, organizing and scrutinizing their work, but must look after the welfare of the patients, keep note of their condition, reporting all changes and need of attention to the doctor. Her ward supplies are to be kept up and order maintained. She is to see that the diets prescribed by the physician are secured and properly served to the patients; that medicine and drug-lists are filled, order-sheets scheduled, and all orders executed promptly. Ventilation, heat, light, requisitions of every sort, come under her

* Lecture given to the pupil-nurses of Faxton Hospital.

province. Special needs should be reported to the superintendent, who will depend largely upon the head nurse in this respect for keeping the hospital and wards in good repair.

If we were to select two leading ideas in what we have now been considering they might be found in two qualities which every nurse should try to cultivate. Florence Nightingale, in her "Notes on Nursing," devotes an entire chapter to the power of observation in its wider sense of noting symptoms. She says, "Every nurse must be a sound, close and quick observer." It is this faculty of observation which distinguishes women of ability. One must be diligent in making the most of opportunities in the training-school. A nurse must be a many-sided person. Numerous demands are made upon her resources. Education and social experience will add to her influence, but not to so great an extent as the possession of practical instincts. We learn by what we *see*, and we learn in the *doing*, not in the dreaming of what we might do under certain favorable circumstances. It is through observation that practical ideas come to us; and it is through repeated execution that we attain skill. Complaints have come from patients that nurses are often sadly lacking in those observing ways which should help to characterize them as women of intelligence, accuracy, thrift. By this is not meant the crude, harsh, commercial spirit. Our second trait, courtesy, will save us from such a distorted development as that. How many temptations there are to retaliate on the idiosyncrasies, the ignorance, and unreasonableness of patients, one knows who has had experience in a hospital with a large out-patient department,—not that these failures are peculiar to the poor, the unlearned, or unfortunate. One certainly must be well bred not to resort to impatience if not rudeness, in some situations. But we must remember in our efforts for self-control that hereunto are we called. Sad it is to note such manners in nurses who have not had any such provocation to extenuate the breach. Courtesy is called for in various relations. First, towards patients. In receiving a patient into the hospital, do not give him the impression that his presence is only tolerated because he has been sent in by the physician. Do not leave him standing in the middle of a long corridor in bewilderment, nor condemn him to wait endlessly before the object of his coming to the hospital is certified and attended to. There may have been a long journey, a long interval since the last partaking of food; to say nothing of the dread inspired by the knowledge of his disease, or prospective operation, and possibly by wrong ideas of the hospital. This is only one instance in point relative to patients; nor is it sufficient merely to admit a patient. There are many things to

think of for his comfort, and a nurse may begin at once to win his confidence by showing that she has anticipated his wants, and that he need take no thought for the preparation which must be instituted at once, quietly, and in an efficient, orderly manner. Do not ask unnecessary questions; do not betray confidences; do not indulge in talk, nor expose the patient, nor spring things suddenly upon him, nor neglect any part of your duty.

Towards the medical profession, or the confraternity of nurses, special courtesies should be extended. Our services should be given without fee to all those who risk their own lives in seeking to save life. We shall naturally wish to give of our best to those trained to know the best. And we shall find that in the blending of these two qualities, intelligent observation and courtesy, we shall prove ourselves honorable members of our profession.

SPECIAL FEEDING.

By KATHARINE DE WITT

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IN those disorders of the system in which diet plays an important part, it is necessary that the nurse should understand the patient's condition and the principles on which the feeding is based, that she may work intelligently in fulfilling the doctor's orders. By her skill and ingenuity she may make the limited bill of fare less a burden to the patient and may even insure the success of an experiment which might fail in the hands of one whose patience was not sustained by a clear understanding of the results aimed at.

I. *Affections of the heart.*—No two organs are more closely related than the heart and the stomach, and the disturbance of one often affects the state of the other. Cardiac troubles are often accompanied by digestive disturbances. The liver is congested, the character of the bile may be changed, there is a tendency to gaseous distension of the stomach and bowels, the quantity of hydrochloric acid secreted by the stomach may be lessened, and assimilation and nutrition both suffer. If the stomach is distended, either by too much food or by gas, the diaphragm is pushed up and the heart displaced, causing palpitation and dyspnoea. Over-feeding is also responsible for a residue of undigested food in the intestine, giving rise to fermentation and flatulence there.

Given these facts, a reasoning person would come to the conclusion that the food must be of a nourishing, easily-digested character; that it must be properly cooled, and that no more food should be

taken at a time than the patient can easily digest. We may here carry our reasoning too far and conclude that a liquid or very light diet, at frequent intervals, would be best, but this is a mistake in most cases—digestion and assimilation are both slow, and therefore food is not to be taken at short intervals. Ample time—four or five hours—should be allowed for the stomach to empty itself, before giving it fresh material to work on. Regularity should be observed as to meal hours, and no eating between allowed. The meals should be of about equal size; the midday meal may be a little heavier than the others, and the evening meal should be somewhat lighter. If the quality of the food is good, it is surprising upon how small an amount a person can thrive and be comfortable.

Theoretically, a cardiac patient should be given food rich in proteids, for these are tissue-forming and are not balky in character, avoiding carbohydrates—starches and sugars—which tend to produce gas; and limiting the fats, which are badly absorbed by this class of patients. Practically it is impossible to follow this line too closely, or the general health will suffer, and a doctor usually allows his patients a small proportion of the carbohydrates, especially if the digestive disturbances are not severe. Patients who are anæmic are given a liberal allowance of beef, eggs, milk, fruits, and the vegetables which are rich in iron-forming compounds, such as peas, lentils, string-beans and spinach. Those inclined to constipation are given a diet to correct it. If there is much œdema, the food must be concentrated in form. If there are kidney complications, a milk diet may be ordered for a time, or it may be ordered to give a rest to the digestive system and to lower arterial tension. The milk should be slightly heated and given in moderate amount at regular intervals. A cup of hot water, an hour before a meal, often aids the absorption of the contents of the stomach and clears the way for fresh food.

Babcock gives the following list of foods for heart patients: Rare meats, especially mutton and beef; poultry, game birds, fish, oysters, especially raw; eggs, milk, the vegetables named above, celery, lettuce, greens, young onions, mushrooms, and asparagus, if there are no kidney complications. Tomatoes, cabbage, cauliflower and turnips are apt to disagree, but may be given if they do not. Beets and corn contain sugar and are apt to produce flatulence. All meats should be roasted, broiled or stewed, not fried, and they should be free of gravy. Cottage and cream cheese may be used. Fruits should be given at the close of a meal, as less likely to produce gas, and should be fresh and ripe. Apples are good, especially if baked. Carbohydrates, when allowed, should be given in their least objection-

able form—toast, zweiback, light crackers, and pulled bread. Rice and cereals may be used in moderate amount, and potatoes, if allowed, must be well baked and mealy. Articles usually forbidden are sweet potatoes, cake, griddle cakes, most desserts, candy, canned fruits, highly seasoned food, condiments and fancy dishes.

Where there is much indigestion, the menu should be simple. Sometimes it is better to give carbohydrates and animal foods separately. For instance, at meals where meat is used, give only vegetables and relishes with it. During an acute attack of heart trouble, a patient must have a much lighter, though nutritious diet—milk, beef-juice, raw egg, soup, broth, wine jelly, trapon, and somatose.

The amount of liquids taken is a very important matter and is carefully watched. If too much is taken, the blood-vessels are distended, arterial tension is greater, and the work of the heart is increased; the stomach is distended, also, causing shortness of breath. On the other hand, if an insufficient amount be taken, the blood-pressure may be too greatly lowered, and there may not be free diuretic action. The doctor will usually state definitely the amount of fluid allowed, and this includes all liquids—soup, tea, coffee, etc., not merely water. Liquids which may be taken are, weak tea and coffee, buttermilk, kumiss, malted milk, and milk. These should be of a medium temperature, neither iced nor very hot.

(To be continued.)

THE ALLEVIATION OF THE DISCOMFORTS FOLLOWING ANÆSTHESIA.*

By FLORENCE L. ASHTON,

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THE after-treatment of every surgical operation consists in rest. It is most essential to prevent the ligatures giving way, and to lessen the likelihood of irritation of the stomach, and vomiting. The patient frequently feels a great deal of distress following the administration of ether; some of which can be relieved, so aiding to give the one needful thing—perfect rest.

Perhaps the most valuable of these relieving measures are those taken before the operation; as, for instance, the withholding of solid food the day previous, thus lessening the irritation of the stomach; the drinking of a quantity of water, thus lessening the likelihood of any irritation of the bladder; catharsis and enemata given to evacuate

* Awarded the prize of \$75 offered by the School.

the bowels. The loss of vitality varies according to the strength of the patient, the loss of blood, and the length of the operation. To enable the body to regain its tone, the room, ventilation, quiet, bed, clothing, surroundings, position, et cætera, all must be taken into consideration. The room, if possible near to the bathroom and containing a fireplace, should be well ventilated, the temperature 68 or 70 F. All unnecessary furniture should be removed. The light, shaded from the patient's eyes, should be subdued, but not so much excluded that the patient's features and color cannot easily be watched. Quiet maintained, and only such visitors allowed in as the doctor permits, knowing that they realize that any excitement uses up energy which the patient can ill afford to lose. The patient should lie between warmed blankets, the head should be low, and protected by a pillow from striking the top of the bed. The gown should be loose and warm, opening at the back. As there is frequently profuse sweating, other warmed gowns should be in readiness; along with a pneumonia jacket, towels, low pus basins, a mouth-gag and tongue-forceps for emergencies.

The position of the patient in bed must be one that is unconstrained. If a limb has been operated on it should be elevated on a pillow to lessen the danger of hemorrhage; the weight of the clothes removed, by the use of a cradle. In abdominal cases, a roll under the knees will relax the abdominal muscles, and remove the strain the patient makes to hold up her knees. Pillows of all kinds and sizes are invaluable to give the perfect rest desired. One or two small ones may be placed in the hollow of the back, larger ones should be used to support the back when the patient is turned on her side; others may serve to relieve aching shoulders, buttocks, etc. A rubber ring is sometimes a great comfort.

Some patients while semi-conscious become very violent. Restraint should be only exercised while the effects of the ether are passing off, and then only to the extent of preventing them falling from the bed, or tossing about. A blanket may be pinned across if necessary, a gag inserted to prevent biting the tongue, and the knees bandaged to prevent injury. In gynæcological cases hypodermic injections of morphine with or without atropine are frequently given.

A dazed condition is common after ether; the patient may feel a lost, sinking sensation, and may be relieved by moistening the lips, stroking or bathing the forehead with alcohol solution. I have noticed that speaking to a patient by name or smoothing back her hair; has sometimes helped the patient to realize her surroundings, and to convey the comforting thought to her dulled senses that she

is being watched and cared for. Other cases may continue for some time in a quiet sleep, and then exhibit more or less marked signs of cerebral excitement.

The vomiting following ether is the most dreaded after-effect; some fortunate few escape entirely. The majority suffer from vomiting from six to twenty-four hours, some few for several days, even a week. The head should be lowered and kept as still as possible. The least strained position for the patient while vomiting is lying on the side with the body slightly flexed, or on the back with the knees drawn up resting on a pillow. While unconscious, vomited matter may accumulate in the pharynx and be inhaled or obstruct the breathing. Or it may enter the larynx or trachea with the same result. These chances are lessened by the withholding of solid food for some hours before the operation. When this accident occurs, the jaws should be opened, the head turned to one side, and the shoulder raised, thus aiding the removal of the obstruction. If these means are non-effectual, the doctor should know at once, as tracheotomy might be necessary. The patient should not be left alone until she has regained the control of the muscles of her throat, so that vomitus could not slip back. She should be encouraged to "spit it out" and then have her mouth washed out. Hypodermic injections of atropine before the operation help to lessen the amount of mucous secreted.

A variable degree of irritability of the whole digestive tract is the common result of anæsthesia, especially in cases of abdominal section. Vomiting and nausea are rather increased than diminished by drugs, food and drinks. They should be withheld until the toxæmia of the ether has passed. The treatment is rest for the stomach, with the exception, in some cases, of giving slowly a teacupful of hot water. This may be promptly thrown up, but it will wash out the stomach and may give a little relief. A regular lavage may be necessary to wash out an accumulation of mucous in the stomach. Various applications to the stomach, as ice, or a mustard plaster, or spraying the stomach with ethyl chloride have given relief. The inhalation of acetic acid or vinegar is also good. In more prolonged cases many things have been tried with varied success—a little black coffee, brandy, aromatic spirits of ammonia, ipecac, hyoscin, chloroform or sugar, tr. of capsicum; cocaine gr. $\frac{1}{4}$ every two hours for five doses has been successful in very severe cases. Tincture of iodin gtt. j in a little water at half hour intervals. Morphine will sometimes relieve and sometimes aggravate the trouble.

Hysterical vomiting following in about 1 per cent. of abdomina

section, may subside by itself. Morphia given in large doses allays irritation and induces sleep. Some slight attention to the wound has often stopped the prolonged vomiting.

Thirst and dryness of the mouth, which is often a troublesome feature, may be relieved to some extent by frequent bathing of the face and hands with alcohol and tepid water and by the washing of the mouth with cool water boracic or listerine solutions, not so cold as to cause the teeth to ache. A gargle of hot water when they can take it. Small pieces of gauze laid on ice, then placed over the lips. Pellets of ice may be given the patient when the vomiting has ceased. If the thirst is extreme, normal saline is given sub-cutaneously and rectally. When water is started by mouth it is given in small increasing doses, very hot, to settle the stomach.

In some cases rectal feeding may be necessary, for a time, giving the stomach absolute rest. After water has been taken by mouth, albumen water may be started; it is given at first with little or no flavoring (and no froth), and quite cold water, freshly-made tea, toast-water, milk and lime-water and broth are given.

Pain, that hinders the needful rest, may be due to many and various causes. The tightness of a dressing may cause impaired circulation, the edge of a plaster cast may be pressing into the flesh, causing a great deal of pain. Bed-sores may be prevented by keeping the patient and bedding clean and dry, the linen smooth, and the pressure removed from one part to another. Aching arms, legs, and back may be rubbed with alcohol or chloroform liniment and given a gentle massage. An aching head may be relieved by ice-cold compresses or the application of an ice-bag. The eyes sometimes burn and ache and may be protected by a shade or dark glasses. Cold compresses may be applied to the eyes, or they may be irrigated with tepid boracic and saline solution. The lips may have been burned by ether or chafed by the compresses used to relieve the thirst. Cold cream or cocoa butter will quickly give relief. The tongue is sometimes bruised and swollen from the use of the mouth-gag. Boric solution mouth-douches quickly relieve the inflammation; they may be followed by a drop or two of aboline on the tongue.

Gas in the bowels is a very distressing and quite frequent trouble; as the muscular walls of the intestine, sharing in the patient's weakness, are relaxed peristalsis is diminished. This condition can be relieved by the passing of the rectal tube, by turpentine stupes to the abdomen, by turpentine enemata, by carminatives, and by catharsis.

Hiccoughs occasionally occur during the first few hours after an

operation. In mild cases they respond to "holding the breath," the administration of hot water, ice, heroin, carminatives, or the application of mustard paste to the epigastrium. In more severe cases tongue traction is tried. Morphine or atropine are given hypodermatically with good results.

Sleeplessness is not uncommon. It may be helped by sponging the palms of the hands, the arms and legs. A hot drink, a rearrangement of the pillows, fresh air, fresh linen on the bed, or the luxury of an entire fresh bed, would often secure a good night's rest, without resorting to hypnotics.

The evacuation of the bowels is brought about by catharsis, and enemata as soon as possible, according to the operation.

Ether frequently leaves some irritation in the urinary tract, due partly to the lessened secretion by the kidneys, and the concentration of the urine. When it occurs, hypodermoclysis and enemata will give some relief. After a certain period of time, according to the operation, if the patient is still unable to void, micturition may be brought about by a warm steaming bed-pan. The sound of running water will often help. Hot water poured over the pubes, or hot compresses applied, will often prove effectual. The injection of one-half pint of warm water to the rectum, the administration of sweet spirits of nitre, drachm I every half hour, or if there is no objection to the patient sitting up the assumption of that posture may have the desired effect, remembering that the presence of another person is often an inhibitory factor. These failing, catheterization must be performed.

The patient should be bathed daily, rubbed with alcohol, and all folds of the skin powdered. The teeth and mouth washed, and the hair combed when possible. The atmosphere of the room kept bright and cheerful.

As some patients recover from the anæsthetic they become very much depressed over the length of time required for convalescence, or over what they know or conjecture has been done in the operation. The nurse must keep her patient's mind at ease, using great tact in not allowing her to learn of any disturbing news, and note her condition by unobtrusive observation instead of questionings.

Pneumonia and pleurisy occurring after operation may follow as the result of chilling or exposure, or it may be due to the inhalation of the fumes of the sputum.

The state of profound unconsciousness, with its characteristic complete relaxation of the muscular system, moist skin, loss of special senses, contracted pupils, slow, deep, respirations, conjunctiva,

insensitive to the touch, may alter suddenly. The respiration must be closely watched, as the heart may continue to beat after they have ceased. Artificial respiration must then be started immediately, and maintained with no cessation until breathing is restored. First, however, the position of the tongue must be observed; if it has slipped back, so causing the asphyxia, it may be pulled forward with the fingers or forceps, then by pushing the lower jaw forward, and upward, a recurrence of the mishap is prevented.

The nurse should keep the symptoms of adverse changes in mind, so as to recognize them at an early stage. She should not make the mistake of trying to relieve a trifling ailment, when it is only a symptom of a serious change impending, which will require all her efforts to ward off. She must also remember that the patient may often hear, understand, and afterwards remember what is being said, and yet be unable to make any motion to show her consciousness.



PORTLAND, OREGON, is said to be the first coast city north of San Francisco to have a suitable residence for the graduate nurses. About sixty nurses will find accommodation there; visiting nurses will always be made welcome. This house has been established by Miss L. G. Richardson, a graduate of the Northwestern Hospital, of Minneapolis. It is situated on the corner of Third and Montgomery streets, and combines the attractions of a cosy home with an appearance of hospital order and cleanliness, such as nurses are accustomed to in their training.

NEW YORK is to have an open-air hospital for tuberculous children for which \$125,000 was contributed by Mr. Rockefeller, and an equal amount by other philanthropists. New York has 4,500 cases of tuberculosis of bones in children. It is proposed to have a chain of these hospitals all along the coast.

THE summer camp for the children of the Juvenile Court at Denver, Col., has been opened at Glenmore Lake. Miss L. O'Neil, one of the nurses connected with the staff of the Visiting Nurse Association, is the nurse in charge.

FOREIGN DEPARTMENT

IN CHARGE OF

LAVINIA L. DOCK



THE NEW OWNERSHIP OF THE BRITISH JOURNAL

THE nurses of Great Britain have formed a company on business lines and have become the owners of the *British Journal of Nursing*, a most praiseworthy and excellent step, upon which we heartily congratulate them. We also warmly applaud the attitude of the fearless and able Editor and Associate Editor of the *Journal*, throughout their whole editorial career, culminating in this disinterested step. We shall take it upon our individual self now to say what Mrs. Fenwick and Miss Breay never would say themselves, that their work upon this *Journal* has been of a rarely disinterested and unselfish nature. The early history of the *Journal* was not unlike that of Garrison and his *Liberator*, for the cause of organization, self-government and higher standards of education and life conditions which the *British Journal* (then the *Nursing Record*) stood for were opposed bitterly by a ring of narrow, autocratic caste supporters, and every method that hostility could devise was taken against it. In the early years Mrs. Fenwick supported it out of her own pocket, for principle's sake, because she was making a fight for principle and progress, not conducting a journal for profit or as a business venture. The lay nursing journals that sneer and try to impute self-interested motives to nurse editors do not understand the actual motives that impel them. For years the editor of the *Nursing Record* stood up against personal vilification, commercial tactics to "freeze out," and the enmity of strong rivals. She conquered them all, brought the principle of organization to a triumphant vindication, and made her *Journal* an undisputed power. Now, when it is solidly established and successful, both financially and professionally, she makes it over into the hands of the nursing profession. It is the right thing to do, and in line with the whole policy of the *Journal*.

MISS ISLA STEWART, matron of St. Bartholomew's Hospital, has been appointed on the nursing board of the Imperial Military Nursing Service of Great Britain. All of Miss Stewart's many friends

will be gratified at this conspicuous and well-deserved compliment to Miss Stewart, who combines broad-minded and far-seeing intelligence in nursing affairs with rich experience and a native geniality of temperament.

ANOTHER richly-deserved honor conferred upon an Englishwoman has come to Miss Louisa Stevenson, who has been made an LL.D. by Edinburgh University. Nurses in all continents owe a meed of reverence and affection to this gifted and distinguished woman for her unceasing and influential care for nursing progress, and the higher education of women.

THE nurses of the General Hospital of Birmingham have formed a League and have issued a very excellent league journal.

THE graduate nurses of La Source training-school at Lausanne have formed an association among themselves, for mutual acquaintance and stimulus, provision for sickness and trouble, and to uphold good educational standards and discourage the entrance of imperfectly trained workers into nursing. "La Source" is a very interesting school on "free" lines. It was described in the papers sent to the Nursing Congress of the World's Fair in Chicago.

The British Journal of Nursing quotes a New Zealand nurse, lately in England, as follows, in regard to the Nurses' Registration Act of that country, which has now been in force there for four years. It is not only of proved utility to both doctors and nurses, but it has been most useful in bringing the training-schools into line, and in improving their systems of education on account of the healthy rivalry induced between them by the Central Examination instituted under the Act. The benefit to the public is also obvious. They can now distinguish between the fully trained and the amateur, and they are not slow to recognise this advantage, or to avail themselves of the services of nurses whose knowledge has stood the test of the examination imposed.

THE honorary secretary of the Association of the United Provinces and Punjab, Miss J. W. Thorpe, has become a collaborator in the *British Journal of Nursing*.

THE ADVANCE OF AUSTRALIA

ONE of the interesting things the Royal Victorian (Australia) Trained Nurses' Association has done has been to establish an accepted standard of qualifications for matrons (training-school superintendents), and to win for it the cordial approbation of lay managers of hospitals. The R. V. T. N. A. gives a post-graduate certificate to matrons who prepare themselves and successfully meet the demands of this standard, and, although this is all quite voluntary, several matrons now in hospital positions have applied for this certificate, and it seems likely that, in time to come, public opinion will require it of nurses applying for positions as heads of training-schools.

The main points covered are that the applicant must be qualified on administration, hospital management, and training or teaching.

INTERESTING mention of a new nursing journal managed by French nurses, of a projected school of nursing in Rome and of the opening of a large hospital in Dortmund by the German Nurses' Association, and with a school on advanced modern lines, come too late for this number, and, needing adequate mention, will be taken up in a later issue.

COLONIAL NURSING ASSOCIATION

THE Colonial Nursing Association, under English auspices, sends nurses into the most remote and forgotten corners of the earth, such as the Falkland Islands in the South Atlantic, Pahang in the Federated Malay States, and corners of Africa, the very names of which are hardly known to American nurses. It is quite desirable for nurses taking these posts to be certified midwives, and, further, to understand tropical diseases. For the latter, a special three-months' course is open to them at the London or Liverpool School of Tropical Medicine.

LEAGUE JOURNALS

THE number of league journals now edited by British nurses has rapidly outgrown our records, and we hope soon to give a full list of them.

AN AMERICAN HOSPITAL IN PARIS

AN American hospital for the city of Paris has been talked of for a number of years and is now soon to become a reality. An asso-

ciation of founders has been formed and chartered, a subscription list opened, and plans made. There are to be free and pay beds, in which all American citizens, irrespective of creed or color, may secure medical and surgical treatment. The names of the founders are, John H. Harjes, A. Van Bergen, W. S. Dalliba, Edmond Kelly, F. W. Sharon, John J. Hoff, H. H. Harjes, Dr. A. J. Magnin, Dr. Crosby Whitman. The name is to be: The American Hospital of Paris. It is intended to raise \$1,000,000 to build and endow the hospital. Subscriptions may be sent to Messrs. Morgan, Harjes & Co., bankers, of Paris.

SISTER KARLL writes from Berlin: "The Nurses' Registration Act just passed for Germany was not presented by the German Nurses' Association, but I am glad to have any bill, as things were growing worse and worse. With this bill we can begin to work for improvement in conditions and without it we could do nothing. It is really intended for male nurses, not for the Sisters. But it will require the age of 21 and a full year of training before any one can begin to nurse. What they want to teach is quite good, but too much for one year. But at least it is solid ground to begin on for something better."

A GERMAN nursing sister has lately been buried with military honors. She had been decorated for her services in the wars of 1866 and 1870-71, and had afterwards been the valued nurse of the old Empress Augusta. At the time of her death she was the head of a Red Cross hospital at Munster.

THE great hospital of Charité in Berlin, which has in the past been nursed successively by hired attendants, and by deaconesses from various motherhouses, is now educating its own trained sisters and will in the future employ no others. Candidates must possess more than a common-school education, and they have, beside their practical teaching, a three months' course of theory given them. This is a great advance for the old Charité, which was the Bellevue of Berlin.

THE existing system of first aid stations throughout the city of Berlin, heretofore conducted by private associations, has been made a municipal responsibility, in coördination with the medical societies of Berlin.

THE German physicians are treating the ice-bag as of more and more importance in the management of inflammations. They are exceedingly exacting as to the details of the ice-bag. It must fit, exactly, the surface to which it is to be applied. It must not be tightly filled or be heavy, and it must be so constructed that the water produced by melting must be continually carried off.

THE MISSION FIELDS

THERE is a Hindu Ladies' Social Club of 164 members (says the *Missionary Link* of June) in Bombay, which is doing a good deal to stimulate the women of India. Among other lines of study courses in simple nursing methods (probably First Aid Work) are given by the St. John Ambulance Association.

UNDER the medical mission work conducted at Santalia a small hospital has been built, but most of the patients live *al fresco*, outside the hospital, providing their own food and nursing. The physician in charge considers a good shady tree the best hospital ward in the world, and applies the outdoor treatment to all kinds of cases.

A MAGAZINE called *Nurses Near and Far* is published in London by the Nurses' Missionary League, and shows much of the work in foreign missions.

A MAGAZINE covering similar ground in our own country, the *Missionary Link*, had the following items in a recent number:

MARCH 8th, Miss Strain returned to our girls' school in Japan, and Miss Elizabeth Irvine to her evangelistic work in Shanghai. March 12th, Miss Bertha Miller was sent out as a surgical nurse for our Margaret Williamson Hospital, where it is hoped she may be able to relieve the great pressure on our surgeons connected with that growing work.

DR. ALICE L. ERNST, Superintendent of our Mary S. Ackerman-Hoyt Hospital in Ihansi, writes: Scholarships for our nurses are becoming imperative. We now have nine nurses in training, who are poor Christian girls, and who must be clothed and fed while they are being trained. We have estimated that the cost cannot be under fifty dollars a year for each nurse. Will you not make an appeal for this pressing need, which seems to be more imperative at this time than the endowment of hospital beds?

PRACTICAL SUGGESTIONS



A SIMPLE method of generating formaldehyde gas for the disinfection of rooms has recently been advocated by the Board of Health of Illinois. It is to be recommended especially to nurses on private duty, on account of its promptness of action, its inexpensiveness and its simplicity.

The gas is generated by pouring a formaldehyde solution over the crystals of potassium permanganate in an open vessel. To disinfect in this way it is necessary to have two pails, a small one holding about a gallon, and a larger one holding probably five or six gallons.

For an ordinary sized room one set of pails is sufficient, but two or more may be used, according to the size of the room to be disinfected. In preparing the room all cracks or openings should be packed; all drawers, closets and cupboards opened; blankets, rugs and clothing spread out. There should be no curtains or other hangings immediately over or against the pails. Everything should be arranged so as to leave the room promptly.

The required amount of potassium permanganate is put into the smaller pail, and this pail set in the larger one. The solution of formaldehyde is poured over this solution.

The crystals should not be dropped into the formaldehyde. The amounts used are: Half a pound of potassium permanganate and one part of a 40 per cent. solution of formaldehyde to every 1000 cubic feet of air space. Not more than one pound of potassium permanganate or one quart of the solution of formaldehyde should be used in each pail. It is preferable to use only half that amount in each and use more sets of pails if necessary.

The pails should be equally distributed about the room. If only one is used it should be placed in the center. Newspapers spread widely underneath the pails will catch any overflow.

It is advisable to have the formaldehyde in wide-mouthed bottles so that it may be poured out quickly.

The door is closed immediately and packed round at once. The room should be left closed for a minimum of three hours, then opened and aired.

Formaldehyde gas generated in this way reaches its maximum of disinfecting power in a very few moments. Bacteria which would withstand a similar quantity generated slowly yield to the gas in this

highly concentrated form. The effect of temperature in this method of disinfection is not yet known. It is uncertain whether at a temperature below 60° it would be efficient. Good results have been obtained at 66°.

R. W. CROSS.

I

“What are the possibilities of the American trained nurse for private duty in France and Germany? Would she have to have a diploma from a school over there or would her American diploma be sufficient?”

A. B.

“American nurses will find very little chance of doing private duty in any foreign country, except among Americans living abroad, who form only a small part of foreign communities. An American nurse would have no chance at all of being employed by the German or French physicians for their own cases, unless it happened that she had made her home permanently abroad, learned the language and customs, and had become personally acquainted. It is not just so much a question of the diploma as it is of custom and preference. People like to have nurses of their own nationality and not a stranger, and I would not advise a nurse to go abroad to work unless she personally knows some physician who will give her cases, as she would certainly meet great disappointment. Then, few foreign families are willing to pay the prices expected by American nurses; and it is also to be noted that even Americans abroad often expect their nursing to be done for European prices. The extravagance of the average American nurse would make her very unacceptable to the average foreign family, for people abroad live frugally and plainly, and waste or carelessness is almost unknown among them. The heedless lavishness of the Americans makes it very hard for them to adapt themselves to foreign domestic life.”

L. L. Dock.

II

“Nearly all the babies that I care for have very loose bowels, having from four to ten stools each twenty-four hours. I have tried to discover the cause and remove it but have seldom been successful in so doing. Do you believe that much can be done by restricting the diet of the mother?”

L. M. A.

“Nearly all my babies have loose bowels for the first two or three

weeks, having three to six movements daily. I pay no particular attention to the matter unless the discharges are irritating or otherwise pathologic. If there are more than six movements I usually can find a cause,—*e.g.*, persistence of colostrum, too rich milk, a very nervous mother, cascara, etc., given the mother, fruits in too great amount, or leguminous diet of mother. Other causes are too rapid nursing by the baby (the milk is cascaded into the stomach), and overfeeding. These are without real disease of the intestinal tract. Indigestion, catarrh, and actual inflammation must also be sought. ('Do the albolene and cocoa-butter used on the mother's nipples affect the baby?' Perhaps, yes.)"

JOSEPH B. DeLEE, M. D.

III

"I would like very much to know what a trained nurse is supposed to carry in her outfit. We have had great discussions on the subject and much difference of opinion."

M. P., California.

"Can any one suggest a convenient way of packing a large amount of clothing and supplies in a small space?"

N. B., Iowa.

"I FIND it a great comfort to my patient to use two basins and two wash-cloths in giving a bath,—one for the soap, the other for the rinsing. It prevents the sticky feeling of the old way. I rub each part with alcohol after the washing and drying, instead of giving the full bath followed by the alcohol rub."

A. E.

"WHEN I do private duty the diets give me as much concern as any other two or three things, and I am always glad of anything nourishing which can be quickly prepared, especially if it is not sweet. I sometimes beat the yolk of an egg quite light and pour on it—stirring well, any sort of broth or soup I have. Two yolks can be used if more nourishment is wanted. If whites are used, the soup will look curdled. A broth can be quickly made of two or three kinds of vegetables, grated, and cooked in boiling water a short time—potatoes, onions, carrots, peas, turnips—nearly any vegetable to give flavor or consistency."

J. B.

WHEN a person gets a cinder in his eye, the natural impulse is to put the hand to the eye at once. This should not be done, for even the slightest touch on the eyelid may cause the foreign object

to become imbedded and difficult to remove. If the hands are resolutely kept away from the face, there is a chance that the tears which come will wash out the offending particle.

IF water gets into the ear when one is bathing, it sometimes causes a feeling of deafness and discomfort and is hard to remove. Five or ten drops of alcohol may be put into the ear, allowed to remain a moment, and then gently wiped out. Relief will be instantaneous, as alcohol has a great affinity for water.



THERE is not a physician in the land who is worthy of the notice of decent men who does not give a third of his life gratuitously to the poor. Without this gratuitous service hospitals like this would be impossible. You are to imitate the charitable physician. Never back out of a case because of the fee. Poor women need nurses more than rich women need them. Go to the poor and fit your fee to the family as the physician does.—*Dr. Austin O'Malley to the nurses of St. Agnes' Hospital, Philadelphia.*

THE Martin farm at Yonkers, N. Y., is reported to have been bought by Mr. Alexander Smith Cochran, who will build a sanitarium for free tuberculosis cases for New York City.

THE first month's report of the Directory for Nurses managed by the Trained Nurses' Association of Denver, Col., has been most encouraging and augurs for the success of the undertaking.

EFFORTS are being made by the Woman's Club of Lynchburgh, Va., to support a district nurse in that city. It is most probable that the work will begin this fall.

LETTERS TO THE EDITOR



[The Editor is not responsible for opinions expressed in this department.]

DEAR EDITOR: Will you kindly let me know through the AMERICAN JOURNAL OF NURSING if private nurses are needed in Mexico? Also how much they are paid.

E. M. T.

[Will nurses who have had experience in nursing work in Mexico, please answer this letter?—ED.]

TO THE EDITOR OF THE AMERICAN JOURNAL OF NURSING,

DEAR MADAM: My attention has been called to the fact that a large book, entitled "The Household Physician, A Twentieth Century Medica," and published by The Physicians' Publishing Co., Philadelphia, is being sold, at least in this city, to nurses and to others, and that among the representations made was one to the effect that I had contributed largely to the work. The representations made, so far as I am concerned, are incorrect. On the title page it is merely stated that my book, among others, has been consulted in its preparation, but I did not even know of its publication until the book was offered here.

Thinking that nurses outside of Buffalo might be misled, I beg you to give a place to this protest and disclaimer, both for their protection and my own.

Very truly yours,

ROSWELL PARK, M.D.

BUFFALO, N. Y., April 20, 1906.

[We regret that this letter should have been crowded out of our summer issue.—ED.]

DEAR EDITOR: As an example of the well-founded criticisms that are made against private nurses by patients, I want to tell you of two cases that have lately come under my notice. It seems to me that they ought to cause a good deal of thinking.

A lady in Massachusetts, whose own daughter is a trained nurse in a distant state, had pneumonia. The daughter did not go home, as the case was not alarming, and a trained nurse was employed. When the mother was convalescent she wrote to her nurse daughter,

not in complaint, but in inquiry, after this fashion: "My dear, what ought a trained nurse to do for one? *My nurse did not wash me during all the ten days I was in bed*, except just my face and hands." Imagine the chagrin and mortification of this daughter, her mother no doubt thinking that all nurses were alike.

The other case was an obstetrical one, in a well-to-do home, where there was every comfort that money could buy, but in the country, where domestic help is not always to be had.

It so happened that the lady of the house could not at once replace a cook who had left, and had to do the cooking herself in the interregnum.

The nurse, who had been called well before the time so as to be on hand, and who was being paid her twenty-five dollars a week while waiting, *sat in that house for more than a week* before the birth occurred, and read novels, seated in a rocking-chair, while the expectant mother went to the kitchen three times a day to prepare meals.

Now both these stories are true, and what must these patients think of nurses?

AN INQUIRER.

DEAR EDITOR: I would like to ask one question in regard to waiting for an obstetrical case—what a nurse should do, especially in regard to a doctor's family? The daughter is to be confined at home and her father is a doctor. I would like to know other nurses' opinion. For my part, if the doctor had to pay the bill, in this or any other sickness, I would not set any price. Now, in regard to an obstetrical case, where the daughter's husband pays the bills and the doctor just gets the nurse, should I charge twenty-five dollars, or make a reduction?

And in regard to waiting, in cases of this kind, what should be the price, or should there be any? With a doctor in obstetrical work it is different; he can take other cases, but with a nurse, if she is engaged for a case at a certain time she has to wait, sometimes two to three weeks, and in the meantime, not being sure of herself, cannot take any other case. It means a loss for the nurse, and puts her in a position in which she does not know what to do or which way to turn.

E. C.

DEAR EDITOR: There is so much said about introducing district nursing into the training-school curriculum; would it not be a good idea if some arrangement could be made in connection with our

County Homes or homes for the poor, to supply a pertinent need there along the line of district nursing?

For instance, let the county employ a trained nurse to act as superintendent, she having charge of a corps of senior nurses from the different hospitals of the county.

The length of service would depend upon the arrangement the hospitals would be willing to make with the county officers.

In this way successive service of skilled nursing could be given the poor unfortunate. The pupil nurses would become acquainted with people whose circumstances and environment have brought them into sad conditions, and, thus, they would obtain knowledge of a kind of work that some of the hospitals so much desire them to have.

Any who might think favorably of this plan could adjust it to the conditions existing in any section of the country.

FLORA L. NIEMANN,

Grand Rapids, Mich.

DEAR EDITOR: After we have studied and worked hard for two or three years in the different hospitals to win our stripes, it is very discouraging to go into people's homes and see the domestic help wearing, in some cases, the exact uniform of our schools. Of course people have a perfect right to get this material and make it up as they see fit, but why don't we, if we cannot get a standard uniform, get some sort of an emblem, to be worn on the sleeve, such as that mentioned in the *Trained Nurse*—the state coat-of-arms, and the red cross? The state coat-of-arms would tell in what state we were registered, and the red cross would mean we were nurses.

I am heartily in favor of state registration, for I see the need of it more and more. Because some have failed is no reason why we should get discouraged. Let us all try to help and I am sure we shall win in the end.

E. C.

[Some distinguishing mark must be devised, but we think the use of the red cross would not be permitted. See "The Abuse of the Red Cross Insignia," on editorial page.—ED.]

DEAR EDITOR: In reading a nursing magazine recently I came upon an allusion to "contact infection" in typhoid fever. Is such a thing possible? Just what did the writer mean?

A BACK NUMBER.

[We confess to being equally behind the times and ask to be enlightened.—ED.]

BOOK REVIEWS



IN CHARGE OF
M. E. CAMERON

A COOK-BOOK FOR NURSES. By Sarah C. Hill, Instructor in Cooking, Michael Reese Hospital, Chicago. Price, 75 cents. Whitcomb & Barrows, Boston.

Here is still another cook-book offered for the consideration of nurses. We are almost provided with a cook-book for every training-school for nurses in the country. Most of them are good books, each one seems to possess some claim to merit overlooked by its predecessors, and the cook-book shelf in the library threatens to become over crowded, while some of the other shelves are mere howling wildernesses of emptiness.

The feature of Miss Hill's book is its individual receipts. Nearly all books give receipts in quantities for serving four or more people, and the nurse who is catering for a single person is obliged to divide quantities to suit her occasion. In other ways Miss Hill's book does not depart at all from the common path, unless one may mention her system of abbreviation which is more of a fault than an improvement on earlier methods. C, cup; tsp, teaspoon; tbsp, tablespoon, are apt to prove sad pitfalls to those who glance quickly; $\frac{3}{4}$ qts and $\frac{1}{16}$ tsp suggest Assyrian characters and must of necessity divert the mind from milk-porridge and potato-soup. The book has a breathless air some way suggesting a mad gallop over the dietetic field. All articles and prepositions which can be omitted are missing, so that one jumps from nouns to verbs without the aid of the lesser and qualifying parts of speech. If one writes a book at all surely it is worth while to give time enough to the work to do it well.

SURGICAL SUGGESTIONS: PRACTICAL BREVITIES IN DIAGNOSIS AND TREATMENT. By Walter M. Brinckner, M.D., Chief of Surgical Department, Mount Sinai Hospital Dispensary; Editor-in-Chief, American Journal of Surgery, New York; and Eli Moschcowitz, M.D., Assistant Physician, Mount Sinai Hospital Dispensary, Editorial Associate, American Journal of Surgery, New York. Price, 50 cents. Surgery Publishing Company, New York.

The title of this book will probably act as "hands off" warning

to nurses unless they recognize in it old acquaintances made in the pages of the *American Journal of Surgery*, where it first appeared. To those who are not already informed of its excellence we can safely recommend it even though it may be found to be open to the same objection as an unlearned man made to the dictionary when asked his opinion of it. "Excellent reading," said he, "but the subject changes very often." Some of the suggestions are very practical and the whole book is well worth the half hour one may spend in reading it.

A COMPEND OF OBSTETRICS. Especially adapted to the use of Medical Students and Physicians. By Henry G. Landis, A.M., M.D., Late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and edited by William H. Wells, Demonstrator of Clinical Obstetrics in Jefferson Medical College, Philadelphia; Gynæcologist to the Mount Sinai Hospital, Philadelphia; Late Adjunct Professor of Obstetrics and Diseases of Infancy in Philadelphia Polyclinic; Fellow of the College of Physicians, and of the Gynæcological section of the same; member of the Pediatric Society of Philadelphia, etc., etc.

The eighth edition of this student's classic appears, enlarged and finely illustrated.



CHANGES IN THE ARMY NURSE CORPS



RECORDED IN THE OFFICE OF THE SURGEON GENERAL TO
JULY 14, 1906.

AIKMAN, ELLEN F., formerly on duty at the General Hospital, Presidio of San Francisco, California, discharged.

ASTBURY, AGNES, transferred from the Division Hospital, Manila, to Camp Keithley, P. I.

BAUER, MRS. CHRISTIANA M., recently arrived in the Philippines, on duty at the Division Hospital, Manila, awaiting assignment.

BAUER, MRS. CHRISTIANA M., chief nurse, transferred from the Division Hospital, Manila, to Zamboanga, P. I.

BARTHOLOMEW, ANNIE MORSE, transferred from Base Hospital, Iloilo, to duty in the United States. Arrived in San Francisco on Sheridan June 17, assigned to duty at the General Hospital, Presidio.

BRENT, HARRIET E., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

BRINLEY, ELLEN MAY, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

CHAMBERLIN, ANNA B., formerly Chief Nurse at the Division Hospital, Manila, returned to the United States on account of ill health, and discharged.

CLARK, LOUISA P., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

COOK, ETHEL F., transferred from the Division Hospital, Manila, to Base Hospital, Iloilo, P. I.

CRAIG, MARY E., transferred from temporary duty at Benicia Barracks, Cal., to duty at the General Hospital, Presidio of San Francisco.

DALY, ANNIE A., was volunteer nurse at San Francisco during earthquake, reappointed and assigned to duty at the General Hospital, Presidio.

DAVIS, ANNA L., under orders to sail from San Francisco to the Philippines July 25 for duty in that Division.

DINSMORE, DAISY L., formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

EDWARDS, CATHERINE, under orders to sail from San Francisco to the Philippines July 25 for duty in that Division.

EDWARDS, ELIZABETH F., transferred from Iloilo to duty on Sheridan *en route* to the United States; arrived at San Francisco June 17 and assigned to duty in the General Hospital, Presidio.

EDWARDS, ELIZABETH F., transferred from the Division Hospital, Manila, to the Base Hospital, Iloilo, P. I.

FISHER, IZA, graduate of Christ's Hospital, Cincinnati, 1897, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

HALLOCK, MARY H., graduate of Pittsburg Training School, class of 1896, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

HAMMETT, ANNIE M., transferred from Camp Keithley, Mindanao, to Fort William McKinley, Rizal, P. I.

HARRIS, MARGARET, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

JONES, NELLIE MABEL, transferred from Zamboanga to the Division Hospital, Manila, P. I.

KEENER, LYDA M., graduate of the McKeesport Hospital Training-School, McKeesport, Pa., 1905, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KING, ROSANNA M., graduate of St. Joseph's Hospital, Chicago, class of 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

KROTZER, BERTHA MAY, graduate of the General Hospital, Kansas City, Mo., 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

LASSEN, MARIE C., graduate of German Hospital of San Francisco, class of 1906, appointed and assigned to duty at the General Hospital, Presidio of San Francisco. Was volunteer nurse during earthquake.

MAHONEY, ALICE G., transferred from the General Hospital, Presidio of San Francisco, to the General Hospital, Fort Bayard, New Mexico.

MCCORMICK, ELIZABETH F., transferred from Zamboanga to Division Hospital, Manila, P. I.

MCCORMICK, ELIZABETH F., transferred from the Division Hospital, Manila, P.I., to the United States, on Sheridan. Arrived June 17 and assigned to duty at the General Hospital, Presidio of San Francisco.

MOORE, MARGARET, transferred from General Hospital, Presidio of San Francisco, to duty on Thomas *en route* to the Philippines, for duty in that Division.

PHILIPPENS, MINNIE ANNAS, transferred from General Hospital, Presidio of San Francisco, to transport Thomas *en route* to the Philippines, for duty in that Division.

RIORDAN, MARIE A., formerly on duty at General Hospital, Presidio of San Francisco, at home on leave of absence, to be discharged at expiration of same.

ROTHFUSS, EMMA, graduate of the Buffalo General Hospital, 1894, appointed and assigned to duty at the General Hospital, Presidio of San Francisco.

SALTER, MARGUERITE, recently arrived in the Philippines Division, assigned to duty as chief nurse at the Division Hospital, Manila.

SELOVER, CLARA M., under orders to sail from San Francisco July 25 to the Philippines for duty in that Division.

SMITH, CATHERINE, transferred from General Hospital, Presidio of San Francisco, to duty on Thomas *en route* to the Philippines, for duty in that Division.

SPROUSE, FRANCES PIERCE, formerly on duty at General Hospital, Presidio of San Francisco, discharged.

THOMPSON, ELLA MAY, formerly on duty at San Francisco, at General Hospital, Presidio, discharged.

VOSS, FRANCES J., formerly on duty at the Division Hospital, Manila, being physically incapacitated for further duty in Philippines, was returned to San Francisco, reported at General Hospital, Presidio, May 29, at home under orders for discharge.

WOLLPERT, JULIA E., formerly on duty at the General Hospital, Fort Bayard, New Mexico, discharged.

WOOD, AGNES CLARK, formerly on duty at the General Hospital, Presidio of San Francisco, discharged.

ZIEGLER, BARBARA, formerly on duty at the Division Hospital, Manila, on account of impaired health was returned to the United States; reported at San Francisco May 29 and was assigned to duty at the General Hospital, Presidio.



OFFICIAL REPORTS



[All communications for this department must be sent to the office of the Editor-in-Chief at Rochester, N. Y.]

STATE MEETINGS

OHIO.—The Ohio State Association of Graduate Nurses will hold its third annual meeting at Dayton, Ohio, on the third Tuesday in October. Headquarters will be at the Assembly Hall of the Nurses' Home at the Miami Valley Hospital. Delegates will be met at the station by the reception committee, and full information as to hotel rates given. The first session will convene at 3 P. M. All graduate nurses in the state are cordially invited to be present. An interesting programme is arranged for.

ELIZABETH MASON HARTSOCK,
Secretary.

NORTH CAROLINA.—The annual meetings of the North Carolina State Nurses' Association were held in Charlotte, May 31 and June 1.

The first session was called to order by Miss M. L. Wyche, president of the association, in the large reception room of Carnegie Library.

The Rev. M. D. Hardin, D.D., pastor of the Second Presbyterian Church, Charlotte, delivered the invocation.

Dr. C. A. Misenheimer, physician to Elizabeth College, gave the address of welcome, speaking in very high terms of the value of trained nurses to the physician, recognizing them as fellow-workers, and only regretting that in this state they are so soon lost to the general community after graduating by reason of entering the bonds of matrimony.

The address of welcome was responded to by Miss Lackland and Miss Eaton.

Dr. Hays, of Oxford, gave a very delightful little address, paying a warm tribute to nurses as one who had worked with them in hospitals.

Miss Wyche delivered the annual address from the chair, referring to the advantages of belonging to the Associated Alumnae, and of the need for still working for a preliminary course for nurses in schools and colleges.

The rest of the session was filled up with the roll-call, reports of directors and treasurer, and appointment of nominating committee for directors and examiners.

The afternoon was left free to allow the nurses to attend the meeting of the State Medical Association.

In the evening the members of the association and their guests, Miss Annie Damer and Miss L. L. Rogers, both of New York City, by the courtesy of Mr. E. D. Latta enjoyed a refreshing trolley-ride through the city and its environs. Later in the evening a reception and supper were given by the gentlemen of the Manufacturers' Club in their beautiful rooms.

Friday morning was partly occupied with reports of board of the examiners, of committees, and admission of new members.

Then ensued a very interesting discussion, led by Miss Lackland, on the Nursing Act as it now stands. The result of the discussion was the carrying of a motion that the bill be revised, and a revision committee was appointed.

During the past year a code of ethics for the association was drawn up by Miss Allen, of Morganton, Miss Lackland and Miss McNichols, of Charlotte, and Mrs. E. L. Jones, Winston-Salem. This was read by Miss Allen and accepted by the association.

At the afternoon session very interesting papers were read on "District Nursing," by Miss Allen, of Morganton; "Nursing in Pneumonia," Miss May Williams; and "What State Registration should mean to Nurses," Miss Lackland, superintendent of St. Peter's Hospital, Charlotte.

Mrs. Pratt, Charlotte, and Miss Damer, New York, also gave very interesting papers.

The meeting closed with the election of officers for the ensuing year.

A public meeting was held Friday evening in the auditorium of the Presbyterian College, ably presided over by Mr. C. W. Tillett. Addresses were delivered by Dr. John Irwin and Mr. D. A. Tompkins. The brilliant wit of the chairman, the cheerful, warm-hearted words of Mr. Tompkins, and the eloquence of Dr. Irwin went far towards making this one of the most delightful meetings ever enjoyed by the association.

Addresses of deep interest on "Out-door Tubercular Nursing Among the Poor," by Miss Annie Damer, nurse in charge of that work, Bellevue Hospital, New York City; and "The Nurses' Work in the Medical Inspection of Public Schools," by Miss L. L. Rogers, nurse in charge of Public School Nursing, New York City, made a profound impression on many of the nurses, who know little or nothing of work in a large metropolis.

Dr. Annie Alexander, Charlotte, also gave a capital paper on "Woman's Work as an Improver of Civic Conditions."

This closed the fourth annual gathering of the association. There had been a decided increase in the number of members and in the attendance at the meetings, and great interest was shown throughout in the subjects of vital importance.

The graduate nurses and people of Charlotte extended the heartiest welcome to the association, entertaining the members in their homes and doing everything in their power to make the meetings eminently successful.

The election of officers resulted as follows:

President, Miss M. L. Wyche, R.N., Durham; first vice-president, Miss McNichols, R.N., Charlotte; second vice-president, Miss Lackland, R.N., Charlotte; secretary, Miss Edith Eaton, R.N., Wilmington; treasurer, Miss Hester Evans, R.N., Asheville; Miss Batterham, R.N., Asheville; and Miss Dunn, R.N., Raleigh.

Committee for revising registration bill—Miss Wyche, Miss Lackland, Miss McNichols, and Miss Batterham; Miss Eaton, chairman.

Advisory board to revision committee: Mr. Tillett, Charlotte; Dr. Richard Lewis, Raleigh; and Dr. Hays, Oxford.

The meeting adjourned to meet at Morehead City next Spring.

EDITH EATON,
Secretary.

PENNSYLVANIA.—Owing to the ill-health of Miss M. Margaret Whitaker, of Philadelphia, the Graduate Nurses' Association of Pennsylvania have been obliged to accept her resignation from the office of president.

Miss M. J. Weir, of the Braddock Hospital, Braddock, Penna., who is the first vice-president, will act as president until the October meeting.

LOTTIE M. LEWIS,
Secretary.

IOWA.—The third annual convention of the Iowa State Association of Graduate Nurses was held in Des Moines, June 12 and 13. A very interesting programme and a most pleasant social time was enjoyed by all those present. Twenty-seven new members and the Blackhawk County Association were admitted. A bill for state registration for nurses will again be presented at the next session of the Legislature. The following officers were elected for the coming year: President, Miss Estella Campbell, Des Moines, Iowa; first vice-president, Miss Grace E. Baker, Cedar Rapids, Iowa; second vice-president, Miss Anna Sanders, Grinnell, Iowa; secretary, Miss Marie Stotz, Dubuque, Iowa; treasurer, Miss Dora Metcalf, Cedar Rapids, Iowa; auditor, Miss Sherrick, Ottumwa, Iowa.

The next meeting will be held at Ottumwa, the first Tuesday and Wednesday in June, 1907.

VIRGINIA.—The Virginia Examining Board for nurses met in Petersburg and conducted the semi-annual examination. Twenty-one out of thirty-two applicants reported punctually and took the examinations. The next examination will be held in December, 1906; place of meeting will be announced later.

COLORADO.—Miss Maud McClaskie, superintendent of nurses at the Pueblo Hospital and a graduate of the Farrand Training-school for Nurses connected with Harper Hospital, Detroit, has received the five-year appointment on the State Board of Nurse Examiners to fill the expired term of Miss N. Clingan.

COLORADO.—The State Board of Nurse Examiners held a three-days' session on July 18, 19 and 20. Two nurses passed the first examination given by the board. The theoretical part took place at the State capital, while the practical was held at, the City and County Hospital. The Board had the pleasure of meeting Miss A. L. Alline on July 19. The next meeting will be held October 17, 1906.

PENNSYLVANIA.—The annual meeting and election of officers of The Graduate Nurses' Association of the State of Pennsylvania will be held at Philadelphia on Wednesday, Thursday, and Friday—October 17th, 18th, and 19th. The place of meeting will be announced in the October number of The American Journal of Nursing. Membership cards *must be presented* for admission to all executive sessions.

MAUDE W. MILLER, Assistant Secretary.

CALIFORNIA.—The California State Nurses Association met in Los Angeles, August 7, and 8. The attendance was not as large as was expected but the enthusiasm was great, and the meeting gave new impetus to nursing affairs in Southern California. There was a splendid delegation from San Francisco of the women who

had done so much for the State work and later had led the relief work for nurses in San Francisco. The next meeting will be held in Oakland.

SAN FRANCISCO.—The San Francisco County Nurses' Association held a meeting at San Francisco on June 5, this being the first reunion after the fire. As many of the members had been unable to locate each other before, it was an occasion of great rejoicing.

Miss Therese Earl McCarthy was elected president, Miss Mary L. Sweeney secretary. It was reported that the emergency directory, opened at the time of the calamity, had proven a success and it was formally voted to make this a permanent directory, in conjunction with the home for the burned-out nurses, this directory and club-house to be entirely under the auspices of the County Association. Miss Sweeney was made the manager of the directory and club. It was also voted that part of the relief fund should be used to assist nurses in securing work. It was shown that nurses were getting established again and gradually becoming able to pay for all that they received. A relief committee, consisting of fifteen members, with Dr. Helen Parker Criswell as chairman, was appointed. This committee has since done splendid work. About \$4500 has been received from the nurses in different sections of the country (to August 4). The sympathy expressed in such a practical manner has been deeply felt and appreciated by the San Francisco nurses. Thirty-six delegates were appointed to attend the meeting of the California State Association at Los Angeles, on August 6, 7 and 8.

MICHIGAN.—The executive committee of the Michigan State Nurses' Association met at Lansing August 1. Thirty-one applications for membership were presented. The association has become affiliated with the state federation of women's clubs. and is to send a delegate to the annual meeting to be held at Benton Harbor, October 15-17. Miss Sarah E. Sly is to be the delegate. Through this coöperation it is hoped that skilled nursing service in the almshouse of the state will be provided. It was decided to take steps to raise funds for the San Francisco nurses. The Michigan Association will continue its efforts to raise funds for the Hospital Economics course. The bill for registration to be presented at the next legislature was carefully revised. The state is to be divided into districts, under the general supervision of Miss Sly, and a most vigorous campaign is planned. There was a very full attendance at this meeting.

REGULAR MEETINGS.

TOLEDO, OHIO.—The Toledo Graduate Nurses' Association held their regular May meeting, a Mothers' Meeting, at the Nurses' Home, Toledo Hospital, May 22. Several short papers were given. The following were some of the subjects discussed: "The Care of Babies' Eyes," by Dr. Snyder, specialist; "Emergencies," by Miss Jordan; "Pure Food and Air," by Miss Cotton; and "The General Care of Children," by Miss Roach.

The object of these meetings is to give to mothers some practical information about the care of children and to add to their knowledge by discussing different methods. Light refreshments were served.

BALTIMORE.—The alumnae of the Baltimore City Hospital School held its fourth annual meeting on May 24. The paper for discussion on the proposed central directory for Baltimore, was presented by Miss Anna V. O'Leary. One on tuberculosis work of the Maryland State Association by Miss Sarah Ward. Final arrangements were completed for the incorporation of the association. Officers elected were: President, Miss Sarah Ward; honorary president, Sister M. Carmelita; vice-president, Miss Alice Moran; honorary vice-president, Sister M. Gouzager; secretary, Miss E. Adele Bond; recording secretary, Sister M. Molasco; treasurer, Miss Sadie Roe; disbursing treasurer, Sister M. Alexius.

PHILADELPHIA.—The Alumnae Association of the Hospital of the Protestant Episcopal Church elected the following officers for the coming year: President, Miss Annie Nedwill; first vice-president, Miss Harriet E. Parker; second vice-president, Miss Sara Willard; secretary, Miss Clara Nortling; treasurer, Miss Maud Mutchler.

CLEVELAND.—The Alumnae Association of the Cleveland Homeopathic Hospital held their annual meeting June 20. The following officers were elected for the ensuing year: President, Miss Alice Bowman; first vice-president, Miss Jessie Loyd; second vice-president, Miss Ruth Waterton; recording secretary, Miss Mae Ball; corresponding secretary, Miss Effie Doverspike; treasurer, Mrs. E. Nicely.

HARTFORD, CT.—The sixteenth annual meeting of The Hartford Hospital Training-School Alumnae Association was held at the Nurses' Residence, 37 Jefferson street, July 26, at 3 P. M.

In the absence of the president, Miss Ida F. Butler, the vice-president, took charge of the meeting. The report of the membership committee showed an increase of thirty members since the last annual meeting. The revised constitution was read and adopted.

Miss Lauder Sutherland, principal of the training-school, and her assistant, Miss A. J. Scott, were made honorary members of the association by a unanimous vote.

The following officers were elected: President, Miss Edna L. Foley; first vice-president, Miss Sarah Harrison; second vice-president, Miss Mary Coutts; recording secretary, Miss Harriet I. Waterman; corresponding secretary, Miss Charlotte N. Page; treasurer, Miss Mary C. Johnson.

HARTFORD, CT.—The second annual meeting of The Graduate Nurses' Benefit Society, of Hartford, Conn., was held at the Nurses' Residence, 37 Jefferson Street, on July 26, at 4 P. M. It was decided to put the society into active operation after July 1, 1906.

The following officers were elected: President, Miss Martha J. Wilkinson, 90 Buckingham Street; vice-president, Miss Ida F. Butler, Hartford Hospital; secretary, Miss Alice H. McCormac, Hartford Hospital; treasurer, Mrs. Carolina A. House, 12 West Street; assistant treasurer, Miss Lucy A. Bates, 29 Buckingham Street.

PHILADELPHIA.—The Alumnae Association of the University of Pennsylvania Hospital School held its annual meeting on June 18. About twenty members were

present. Reports from the treasurer and the different committees were read, also one by Miss Damm, the delegate to Detroit. The election of officers resulted in the unanimous election of Miss Giberson, president; Miss Casey, secretary, and Mrs. Bains, treasurer. Standing so unitedly, the members hope to do good work during the year. A vote of thanks was given Miss Schulze, the faithful president for two years.

NEW YORK.—The Executive Committee of the New York State Nurses' Association have decided to call a meeting of the association for the latter part of November in the city of Brooklyn for the purpose of discussing the subject of the training of nurses. Are they being over-trained? is a question we hope to have answered at that time.

Full particulars will be printed in the October number of the JOURNAL.

FRIDA L. HARTMAN, R. N., Secretary.

DENVER, COLO.—The regular meeting of the Denver Trained Nurses' Association was held at the Y. W. C. A. Building on August 6. The association has become affiliated with the Juvenile Improvement Association of Denver, and is invited to send two nurses as delegates to all Juvenile Improvement Association meetings, which are held at the office of Judge Ben Lindsey, of the Juvenile Court.

DISTRICT OF COLUMBIA.—The Graduate Nurses' Association of the District of Columbia gave a tea on the lawn at Garfield Memorial Hospital May 29 for the benefit of the San Francisco nurses, netting \$103.55.

The nurses and their friends made a charming picture gathered around the five tables of refreshments. The palmist corner by the hedge had a long line in waiting till late in the day. Each table represented a school, and competition became lively to see which school should have the largest returns. All expressed satisfaction on this, their first attempt to raise money.

COLORADO SPRINGS.—The Nurses' Registry Association and the El Paso County Medical Association sent a joint contribution to the California Relief Fund. The money, \$100 of which was donated by the Nurses' Association, was invested in surgical supplies and invalid foods.

PROVIDENCE, R. I.—At the Alumnæ meeting of the Rhode Island Hospital School held June 15 seven new members were admitted. Twenty-five dollars was voted to the nurses in San Francisco; the constitution and by-laws were revised, and it was decided to hold the meetings the coming year on the third Wednesday in each month, at 3 P. M. The president, Miss McPherson, was in the chair for the first time since her long illness, and was warmly received.

BUFFALO, N. Y.—The Alumnæ of the Homœopathic Hospital School held its third annual meeting on June 26. Nine new members were admitted, making the total 92. The president presented the association with a gavel. Officers elected

were: President, Mary Jayne Cole; vice-presidents, Marion Japes, Mrs. J. L. Brodie, Eva Snyder, Helen Macpherson; recording secretary, Anna Ballantyne; corresponding secretary, Mrs. Wm. Paddock; treasurer, Jessie Burton; historian, Mrs. A. J. Martin; executive committee, Rosetta Burton, Mary Theresa Savage, Jeannette Hollywood, Mary Moulthorp.

NEW JERSEY.—The Anti-Tuberculosis Association of the State of New Jersey is preparing its travelling exhibit, which will be opened first in Orange, on October 12, to coincide with the annual council of the Guild of St. Barnabas, to be held October 9 and 10 in that town, and, as it is hoped that the delegates, embracing nurses and visitors from so many parts of the state, will remain over to inspect the same, a special "Nurses' Day" is being arranged for. An invitation will be extended to all near-by training-schools and nurses, and the committee in charge, which represents the local societies interested in the Anti-Tuberculosis Society of the Oranges, hope to secure interesting speakers, who may be able to give much practical and valuable information to the visitors and all interested in this crusade, which so vitally concerns the whole country. It is expected that these exhibits will prove most educational, in their travelling capacity, in the smaller towns, which have not been already reached by the movement and which only need such practical illustrations in their midst to be stirred to the need of individual activity in fighting this great white plague.

ANN ARBOR MICH.—The Alumnae of the University of Michigan elected the following officers, June 27, for the coming year: President, Miss Mary Haarer; vice-president, Miss Bertha Dietzell; treasurer, Miss Lydia Schmeising; secretary, Miss Mary Williams.

READING, PA.—At a special meeting of the Reading Homœopathic Alumnae held June 9, Miss Florence Zellers and Miss Jennie Longacre were elected to membership. The next regular meeting will be held September 5, at 2 P. M., at the Homœopathic Hospital, 135 North Sixth Street, Reading, Penna.

PERSONALS

MISS MENA SHIPLEY, University of Maryland, has charge of the district nursing in Kansas City, Mo.

MISS MARY FORBES, St. Luke's, Chicago, class of '93, has taken charge of the North Chicago Hospital.

MISS JULIA BROWN has been appointed School Nurse for Orange, N. J., by the Department of Education.

MISS MUSSEN, assistant superintendent at St. Luke's Training-School, Chicago, went to Paris for her vacation.

GRACE HODGSON, graduate Toronto General, is now night superintendent of the Lakeside Hospital, Cleveland, Ohio.

MISS BEATRICE BAXTER, St. Luke's, Chicago, class of '95, has taken charge of the city hospital at Sault Ste. Marie, Mich.

MISS B. MATILDA UNGER has accepted the position of superintendent of nurses at the Columbus (Ohio) State Hospital.

MISS MARY BROOKS, Rochester City Hospital, has been appointed superintendent of nurses of the Canandaigua (N. Y.) Hospital.

MISS MARY E. COENMAN, University of Maryland Alumnæ, has been appointed superintendent of the Todd Hospital, Carlisle, Penna.

MISS MAY HYDE has resigned her position as superintendent of the Daulphin General Hospital, and has returned to her home in Ireland.

MISS ALICE C. GREENE, 1902, Bridgeport (Conn.) Hospital, has been appointed operating-room nurse at the Brooklyn Hospital, New York.

MISS ELINOR L. MILLER, 1903, Bridgeport Hospital, Connecticut, has been appointed night supervisor at the Brooklyn Hospital, New York.

MRS. M. COLLEY and Miss Emily Wetzel, of St. Louis, have completed the post-graduate course of six months at Levering Hospital, Hannibal, Mo.

MISS MABEL ADAMS, head nurse of the operating-rooms of the Presbyterian Hospital, Chicago, has just returned from a six weeks' trip in Europe.

MISS LILLA SHEPPARD, for many years lady superintendent of the General Hospital, Guelph, Ont., has resigned. Her successor has not yet been appointed.

MISS MARY B. EYRE, a graduate of St. Luke's, Denver, has been appointed to fill the unexpired term at Buena Vista, Colo., of Miss W. A. Donaldson, resigned.

MISS LOTTIE DARLING, class 1901 of the Lakeside School for Nurses, Cleveland, Ohio, has been appointed superintendent of nurses, Grace Hospital, Detroit, Michigan.

MISS EDITH A. LAMPMANN, a graduate of the Brooklyn Homœopathic Hospital has been appointed superintendent of nurses at the California Hospital, Los Angeles, California.

MISS JESSIE KEYS, St. Luke's, Chicago, who has been doing visiting nursing in Peoria, Ill., has taken the position of probation officer in the juvenile court of Columbus, Ohio.

MISS M. ANTOINETTE AGNEW, of the Baltimore City Hospital (class of 1906) has been appointed superintendent of the McKinley Hospital, Columbus, Mississippi.

MISS ANNA G. LENT, of the class of 1906, has been appointed assistant superintendent of nurses in Wesley Hospital, Chicago, to succeed Miss Dorothe Burgess.

MISS ARLETTA E. BRODE, graduate of the class of 1901, has been appointed superintendent of nurses in Wesley Hospital, Chicago, to succeed Miss Grace Ellsworth.

MRS. ETHEL PALMER CLARK, class 1906, of the University of Maryland Hospital, has accepted the position of superintendent of the Hospital for Crippled Children, Baltimore.

MISS GRACE ELLSWORTH, formerly superintendent of nurses in Wesley Hospital, Chicago, has accepted a position as superintendent in a hospital in South Bend, Washington.

MISS HELEN LATIMER, graduate of The Lady Stanley Institute, Ottawa, class 1905, has accepted the position of head nurse in the Moose Jaw Hospital, Saskatchewan.

MISS MARIE SCHNEIDER, whose home is in Akron, Ohio, and who is a graduate

from Blockley Hospital and Training-School for Nurses, class of '98, has taken up missionary work in Africa.

MISS MAYOU, lady superintendent, Victoria Hospital, London, Ont., has resigned her position, and will take up work in the near future in connection with the Victorian Order of Nurses.

MISS V. S. FIELD, class of '83, Bellevue, has bought a beautiful little cottage with several acres of grounds at Cornwall-on-the-Hudson, where she expects to take invalid children to board.

MISS MERAB ALLEN, class of 1903, has been appointed head nurse of the Burnside Lying-In Hospital, connected with the Toronto General. Miss Allen entered upon her duties August 16.

At a meeting of the Iowa State Association, held in Des Moines, June 12 and 13, a gold chain and cross were presented to the president, Miss Estella Campbell, in appreciation of her services.

MISS EDITH WELLER, R.N., superintendent of Levering Hospital, Hannibal, Mo., has been tendered the position of superintendent of the Passavant Memorial Hospital, at Jacksonville, Ill.

MR. ALBERT M. DAY, president of the Presbyterian Hospital, Chicago, has recently given an annual scholarship of one hundred and fifty dollars, to be used for prizes in the school for nurses.

MISSSES MARY L. HEFNER and MARY L. CONCANON, of the Baltimore City Hospital Training-School for Nurses (class of 1906), have taken charge of the Columbus Hospital, Columbus, Mississippi.

MRS. HARLEY, Roosevelt Hospital, 1905, has resigned her position at the N. Y. Eye and Ear Infirmary, and has gone to the Nassau Hospital at Mineola, Long Island, as assistant superintendent.

MISS IDA F. GILES, late superintendent of nurses at the Homœopathic Hospital, Pittsburg, is now the superintendent of the Snug Harbor Home for convalescents and nervous people at Easton, Md.

MISS KATHERINE BYRD BLAKE (University of Maryland Alumnæ) recently resigned from the superintendency of the Virginia Hospital Training-School, Richmond, Va., for a much-needed rest. She will spend the winter with her family in Florida. Miss Blake was for several years a most efficient superintendent of the Retreat for the Sick at Richmond.

A SCHOOL PIN was found in the Y. W. C. A. building, Detroit, after the convention had closed. It may be procured by the owner by addressing Miss Agnes G. Deans, 15 Brainerd Street, Detroit, Mich.

MISS ISABEL HARROUN, of the Illinois Training-School for Nurses,—graduate of 1897 and post graduate of 1906, has accepted a position as night-superintendent of the Toledo City Hospital, Toledo, Ohio.

MISS TIDLAR, St. Luke's, Chicago, class of '04, has resigned her position as assistant superintendent at the University Hospital, Iowa City, to accept the position of night superintendent at St. Luke's.

MISS KATRINA HERTZER, superintendent of nurses, City and County Hospital, St. Paul, and Mrs. Frances Campbell, assistant superintendent of nurses, at the Illinois Training-School, will exchange positions.

MISS HELEN BALCOM, St. Luke's, Chicago, class of '94, has resigned her position

in the Memorial Hospital in Worcester, Mass., to take charge of the Iowa City Hospital. She succeeds Miss Wilkinson of the same school.

HENRIETTA McKIM, graduate Toronto General, 1896, for many years a missionary in Jalfa Hospital, Persia, is home on furlough, and before returning to her post will take up post-graduate work in the Toronto General Hospital.

MISS GERTRUDE THOMPSON, Lakeside Hospital, Cleveland, has been appointed assistant superintendent of nurses of the Presbyterian Hospital, Chicago, succeeding Miss Rebecca Cross, who has returned to her home on account of ill health.

MISS ISABEL SHANNON, graduate of the Hartford (Conn.) Hospital, and of the Presbyterian Hospital, Chicago, has been appointed night supervisor at the latter school, succeeding Miss D. E. Mills, who becomes second assistant supervisor.

MISS IDORA ROSE, superintendent of nurses, Illinois Training-School, has resigned and will leave the school October 15, to take a needed rest. Miss Rose will be succeeded by Miss Helen Scott Hay, late of the Pasadena Hospital, California.

MISS MARY MACMASTER, graduate of the County of Carleton Protestant Hospital, Ottawa, has resigned the position of assistant superintendent of Victoria Hospital Training-School, London, and has been succeeded by Miss Kate Holbein, also of Ottawa.

MISS EDITH MAYOU has resigned the position of superintendent of Victoria Hospital Training-School, London, Canada, and has joined the Victorian Order of Nurses, to do hospital work in connection with Dr. Wilfred Grenfell's Deep Sea Mission on the coasts of Labrador and Newfoundland.

MISS S. H. CABANISS, Chief Nurse of Instructive Visiting Nurse Corps of Nurses' Settlement, Richmond, Va., is serving for several months as "The Lena Morton Memorial Nurse," at Leesburgh, Virginia. The Nurses' Settlement has supplied nurses in routine for this work since it was begun about two years ago.

The Edith Home, Belle Island, Conn., was opened July 2d, by a picnic given by the members of the Bellevue Alumnae Association. Miss Martha Horrigan, class of '91, is in charge again this summer, and the home will be more popular than ever with nurses who wish a quiet, inexpensive resting-place for a few weeks.

MR. AND MRS. SAMUEL LANDON, of Denver, Colo., have returned from their wedding trip. Mrs. Landon, *née* Donaldson, is a graduate of St. Luke's Training-School for Nurses, Denver, class of '94. She worked hard for the passage of the nurses' registration act, and was appointed on the State Board of Nurse Examiners. The State Association and Trained Nurses' Association have made her an honorary member.

MISS EVA R. MARTINDALE (Petersburg Training-School) entered upon her duties as Instructive Visiting Nurse on July 1, 1906, in the city of Petersburg. This is the beginning of district nursing in Petersburg, the City Council contributing to the support of the nurse, who is under the supervision of the King's Daughters, in reality the associated charities of the town.

MISS MAGDALENE SCHUMACHER, graduate of the S. R. Smith Infirmary, Tompkinsville, Staten Island, N. Y., class of 1900, resigned from the position of assistant superintendent and supervisor of nurses of the above institution on June 1, 1906, because of her expected marriage to Dr. J. Byington Covert, of Geneva, N. Y. Miss Schumacher had held this position more than four years most acceptably, as was evinced by the many tokens of regard from the staff, trustees, nurses, and all con-

nected with the hospital. This vacancy has been filled by a graduate of the school, Miss Mary Grigg, class 1899. Miss Grigg has had a successful period of private nursing upon the Island, as well as some institutional experience elsewhere.

MISS MOLLY MCCARTHY, a graduate of Blockley, class of '87, now Sister Euphrasia Maria, joined the Little Sisters of the Assumption in New York about 1892, and was sent to Paris to make her profession at the mother-house there. For a long time she worked among the poorest of the poor in Paris, then had charge of a small convent, and continued the same work, caring for the sick poor and instructing others to do so. After a severe illness, she was obliged to give up this visiting nursing, and now has charge of the infirmary at the mother-house, where she trains the sisters as nurses. She is anxious to keep in touch with her profession, and one of her former associates in this country is sending her the JOURNAL and some nursing text-books.

MARRIAGES

MISS WILKINSON, St. Luke's Hospital, Chicago, '98, was married July 16 to Dr. Fred W. Bailey, of Iowa City.

THE following marriages have occurred among Illinois Training-School graduates: Miss Mildred L. Goodby, '99, to Mr. Chas. Lieban, May 15. They will live at Bay City, Mich. Miss Isabel McKenzie, '03, to Mr. Arthur L. Lindquist, May 16, Chicago. Miss Grace Burbank, '03, to Mr. Horatio Feters, April 21. Mr. and Mrs. Feters will live at Pine Flat, Cashmere, Wash. Miss L. A. Hathaway, '07, to Mr. Ralph W. Hull, July 11, Pasadena, Cal.

ON August 8, Julia Pinckney Barron, Presbyterian Hospital, Chicago, '06, to Mr. Harvey A. Lord. Mr. and Mrs. Lord will live in New Mexico.

AT Westminster College, Toronto, on July 17, 1906, Effie R. Crysler, daughter of Dr. Frank E. Crysler, Niagara-on-the-Lake, to Geo. D. McNichol, Oscoda, Mich. Miss Crysler is a graduate of the Toronto General, class 1903.

AT Kensington, Conn., June 12, 1906, Miss Edith M. Graham, class of 1904, Bridgeport Hospital, to Charles A. Nichols. Mr. and Mrs. Nichols will reside in Bridgeport.

MISS MARY WHITEHEAD, ex-president Virginia State Nurses' Association, has recently married Herr Schneider, of Kiel, Germany.

AT Bayonne, New Jersey, Ethel Beers Murphy (Roosevelt Hospital, 1906) to Dr. William Homer Axford.

AT Ottawa, Canada, on June 21, 1906, Rose C. Violette, class 1904, Marion Sims Hospital for Nurses, Chicago, Ill., to Mr. D. J. Cashman.

AT New York City, on June 23, Miss Phyllis Anne Rox (Roosevelt Hospital, 1906) to Dr. Reid Whittimore, of New Haven, Conn.

AT New Carlisle, Quebec, May 24, 1906, Lillian M. Sheppard, graduate of The Lady Stanley Institute, Ottawa, class 1904, to Dr. Frank Patterson, of Trail, B. C.

AT Orange, N. J., June 4, Miss Margaret Megre to Mr. Benjamin Hodgdon.

JULY 3, 1906, Miss Mary H. Paris to Mr. Charles P. Lewis, of Indianapolis, Indiana.

ON May 1, at Spokane, Wash., Miss A. Laura Goodman to Dr. A. S. Marshall. Mrs. Marshall will continue to act as a collaborator to the JOURNAL.

IN Manila, Agnes McInness, late of Army Nurse Corps, to Second Lieutenant Philip Remmington, Twenty-Second Infantry, United States Army.

IN Kansas City, Louise Peyton Clark, late of the Army Nurse Corps, to Second Lieutenant Samuel P. Herren, Second United States Infantry.

IN San Francisco, Margaret Harris, late of the Army Nurse Corps, to Mr. T. M. Hudson. Mr. and Mrs. Hudson are living in Los Angeles, Cal.

MISS MARGARET MACAULEY, late of the Army Nurse Corps, to Dr. T. F. Richardson. Dr. and Mrs. Richardson will live at Troy, Idaho.

IN New York, June 20, Miss Marie Henrichs, Lebanon Hospital, to Mr. Andrew Vincent Hogan.

IN New York, Jessie M. Welch, R. N., class of 1904, of Presbyterian Hospital, was married May 9, 1906, to Mr. Frederick B. Morlok.

MISS ADELE C. WILLIAMS, class of 1905, Presbyterian Hospital, was married June 6, 1906, to Dr. B. Van D. Hedges.

GRACE E. OVERTON R. N. class of 1905, Presbyterian Hospital, was married July 11, 1906, to Dr. Alfred Jerome Brown.

IN Los Angeles, Cal., April 28, Miss Mary L. Heard, Lake Side Hospital, Cleveland, to Mr. Jack Barrett Fletcher, of Chicago.

IN Spokane, Wash., in May, Mrs. Myrtle Burdeneaux to Mr. Ralph Slugron.

IN Spokane, May 15, Miss Margaret Desmond to Mr. Charles Dawson, of Los Angeles. Mr. Dawson died suddenly ten days after his marriage.

IN Spokane, May 1, Miss A. L. Goodman to Dr. A. S. Marshall.

IN Philadelphia, June 5, Miss Jane Love, Woman's Hospital Alumnæ, to Mr. John A. Smith.

DIED

ON June 9, at St. Elizabeth's School, an Episcopal Indian mission school at Glenham, South Dakota, Mrs. Edith A. Chatfield, an Illinois Training-School graduate, 1902.

"Most touching was the grief of the people, who had been helped by her in sickness or accident, and the women could not restrain the mournful wail, half chant, half weeping, when they looked in her face. They loved her devotedly."

AT the Presbyterian Hospital, New York, July 19, Mary Alice Rand, of the Muhlenberg Hospital Alumnæ, Plainfield, N. J. Miss Rand's death is the first that has occurred among the graduates since the school was established, twelve years ago.

AT her home in Kansas City, Kansas, May 6, Mrs. Gable Roberts.

AT the City Hospital, Indianapolis, July 22, of tuberculosis, Miss Frances Lel.

AT the New York Hospital, June 9, Miss Caroline A. Clarke.

Miss Clarke had been an active worker in the profession since her graduation, and a loyal member of the alumnæ association. Since September, 1904, she had served as superintendent of the club-house, bringing to the work a business ability and a faithful courage that have been very efficient factors in the club's prosperity.

TRAINING-SCHOOL NOTES

THE Illinois Society of Superintendents of Training-Schools has announced its program for the coming season, which is so suggestive that we give it in full. The president is Miss M. C. Stewart, of the Marion Sims Hospital:

October—"Hospital Atmosphere as it Impresses an Outsider," Miss DeWitt.

November—"What the Superintendents can Do toward State Registration for Nurses," Miss McMillan.

December—(a) "Social Life of Nurse during Training;" (b) "Superintendent's Influence in the Home," Miss Pickhardt.

January—"The Overtrained Nurse, Who is She? Where is She?" Miss Tooker.

February—(a) "The Duty of Superintendent to the Community (b) "The Duty of Superintendent to Herself," Miss Fulmer.

March—"How Can We Meet the Demand for Skilled Nursing from People of Moderate Means?" Miss Glenn.

April—"Economies in the Use of Hospital Supplies," Miss Ahrens.

May—"Progress of Woman's Work in the Professions," Dr. Rachelle Yarros.

June—"The Duty of the Superintendent to the Alumnæ of Her School," Miss Rose.

Meetings will be held in Field's Tea Room at 3 p. m. the first Saturday in the month.

AT KANSAS CITY, Mo., on June 28, at a luncheon given to the superintendents of training-schools, by Miss Cornelia Seelye, in her new Home Center for Graduate Nurses, 4220 St. John Avenue, an Association of Superintendents of Training-Schools of Kansas City, Mo., and Kansas City, Kansas, was organized with six charter members. Miss Helen Farnsworth was chosen president, and Miss Cornelia Seelye secretary and treasurer. Earnest enthusiasm was the spirit of the occasion and it was voted that monthly meetings be held for the discussion of hospital and training-school topics, leading to better and broader work.

THE nurses' home of the Hahnemann Hospital, Chicago, is being enlarged and promises satisfactory accommodation for the pupils. The course of training is to be lengthened.

THE Rochester City Hospital held graduation exercises on June 28, when the following young ladies received diplomas: Esther Couzineau Doty, Eva Linda Shamp, Carolyn Cecelia Heberger, Sarah Ada Elizabeth Shaw, Nellie Catherine O'Neill Linsay, Alice Veronica Rochefort, Jessie Hathaway Barker, Catherine Schelling, Kitty Beatrice MacKay, Josephine Perry White, Margaret Elizabeth Kelleher, Arabella Reynolds, Gertrude May Richardson.

ON June 19, the Bridgeport Hospital graduated Miss Josephine G. Fitzgerald, Mrs. Margaret Phalen, Miss A. M. B. Watson, Miss Elizabeth M. Shepard, Miss Helena Bellwood, Miss Agnes G. Foote, Miss Katherine O'Connor.

THE annual commencement exercises of the Columbus State Hospital Training-School for Nurses, of Columbus, Ohio, were held in the amusement hall Tuesday evening, July 3, 1906. The exercises were elaborate. Those to receive diplomas were: Mrs. Amelia H. McKibben, Miss Katie Allender, Miss Sophia E. Jones, Mrs. Louella B. Bauer, Miss Bessie Lee Williams, Miss Blanch George, Mr. William A. Whetsel.

THE graduation exercises of Fox Memorial Hospital at Oneonta, N. Y., were held June 29 and diplomas and pins given the following three nurses: Miss Alice Leone Shott, Miss Jennie May Bell, and Mrs. Blanche House VanHorn.

At the graduation exercises of the Clifton Springs Sanitarium, held June 21, Dr. Henry M. Hurd, superintendent of the Johns Hopkins Hospital, Baltimore, delivered an address entitled, "Why a Nurse Should be Educated." Those receiving diplomas were: Florence Adele Anderson, Margaret Curtis Holland, Bertha McHarg, Louise Ellen Batchelder, Annabella Tompkins, Nanna Robison, Anna Levena Mather, Vivian Irene Mahon, Flora McKinnon, Ida Elizabeth Bridgman, Nena May Glass.

ST. MARK'S Hospital, New York, recently graduated the following: Miss Ethel P. Hope, Miss Mary Margaret Mangan, Miss Sadie McBride, Miss Katie Trickey, Miss Mary E. Burrows, Miss Carolyn S. Krug, Miss Mary R. Rogers, Miss Carrie E. Frutchey, Miss Kathleen McGrath, Miss Lillian E. Levine.

MERCY Hospital Training-School, Chicago, for nurses, affiliated with the Northwestern University two years ago, and since that time the nurses have received their diplomas in cap and gown with the other students connected with the University. The graduating class of 1906 was composed of: Sister Mary Andrea, Miss Helen Rhoades, Miss Henrietta McCarthy, Miss Catherine Desmond, Miss Anna Murphy, Miss Lilian Hazemann, Miss Martha Heffernan, Miss Elizabeth Meehan, Miss Ethel May Jaeck, Miss Katherine O'Brien, Miss Eda Dosch, Miss Katherine Walsh, Miss May Trumble, Miss Rose Drueke, Miss Mary A. Gough, Miss Edith Fochtman, Miss Delia Hohman, Miss Iva Van Scoy, Miss Katherine Brady, Miss Clara Damon, Miss Anna M. M. Cleary, Miss Helen M. White, Miss Mae W. White, Miss Agnes Gavin, Mrs. Margaret Hutt.

THE Harris Home for Nurses of Wesley Hospital, Chicago, is rapidly nearing completion and will be ready for occupancy August 15. Aside from the usual parlors and recreation rooms, the Home will provide accommodations for eighty nurses. The building is the gift of Mr. Norman W. Harris, and is erected at a cost of \$30,000.

THE class of the Buffalo General Hospital to be graduated this season was composed of the following: Catharine Weaver, May L. Aikin, Mary Mutrie, Anna B. McDonald, Marie J. G. Poetting, Martha Eliza Maxwell, Annie Farrell, Edna Luella Prouty, G. Evelyn Voorhees, Nina Martha Gaskill, Eileen Genevieve Green, S. Jane Oliver, B. Florence McKay, M. Charlotte Grantham, Annie M. Bowie, Margaret E. Dreger, Bessie Hall, Marion MacDonald, Jeannett M. Preston, Miranda Master, Margaret C. Christie.

THE Graduation Exercises of the Lakeside School for Nurses, Cleveland, Ohio, were held at the hospital on the afternoon of May 11, 1906. Dr. Henry M. Hurd, superintendent of the Johns Hopkins Hospital, Baltimore, Maryland, delivered the address to the graduating class. Twenty-eight nurses received diplomas.

THE graduating exercises of the class of 1906 of the Metropolitan Hospital Training-School for Nurses, Blackwell's Island, were held in the solarium on May 26.

Dr. Egbert Guernsey Rankin in behalf of Miss Florence Guernsey presented

the library of her father, the late Dr. Egbert Guernsey, to the hospital for the use of the doctors and nurses. This library, containing about one thousand volumes, makes a very valuable addition to the hospital.

The nurses graduating were: Annabelle Burns, Ida Cordelia Hunter, Emma S. Redfern, Anna Hilda Dexter, Nellie Augusta Coleman, Mary Mercer Canby, Lillian Edith Carruthers, Margaret E. O'Meara, Louise August Borrmann, Isabelle Dollhover, Clara Emma Wilshire, Annie Alice Connell, Margaret E. Landefeld, Hermine G. Schweers, Barbara E. Goodine, Charlotte M. Young.

Six nurses received diplomas for the post-graduate course, viz: Jessie G. Paterson, Ella A. Laurence, Katherine M. Keeney, Helene D. Bengtson, Emma May Harding, Jessie S. MacLaren.

A reception, followed by a dance, was held after the exercises.

HOSPITAL AND TRAINING-SCHOOL ITEMS

HOSPITALS.

THE Jeffrey Hale Hospital of Quebec has opened a new wing, called the McKenzie Home for Incurables.

THE County of Bruce General Hospital, Walberton, Ont., has completed a new wing, which will increase the capacity considerably. The operation-room, though small, is very complete. The training-school consists of four under-graduates and a graduate head nurse.

THE Montreal Western General Hospital has made the length of the course three years instead of two, as formerly, and has added a course in obstetrics. The superintendent, Miss Rahno Aitkins, has arranged that the nurses shall have their training in obstetrics in the Montreal Maternity Hospital.

THE Nurses' Residence in connection with the Hospital for Sick Children, Toronto, is progressing favorably, and will be formally opened in October.

THE East Annex of the Toronto General Hospital was completed and formally opened for patients in June last. It is not intended to receive insane patients, or victims of drugs or alcohol in this department, but more especially cases of neurasthenia. There is accommodation for twelve patients, and Miss R. Elizabeth Stewart, graduate of 1904, has been appointed head nurse. In this department nurses are taught massage and electricity, in addition to various kinds of baths in use in the treatment of neurasthenics.

THE Norfolk Protestant Hospital, which was almost entirely destroyed by fire some months ago, is being rapidly rebuilt. The training-school never closed, the nurses doing excellent work in the wing which escaped conflagration. The superintendent, Miss Ethel Smith (St. Luke's, N. Y.), has shown splendid energy and ability under very trying circumstances.

CIVIL SERVICE EXAMINATION FOR INSPECTOR OF NURSE TRAINING-SCHOOLS

An open competition for the position of Inspector of Nurse Training-Schools in the New York State Department of Education will be conducted by the State Civil Service Commission. The position is open only to women. The minimum salary is \$1800 and the maximum \$2100. Candidates must be citizens of the United States and legal residents of the State of New York and at least twenty-one years of age. They must be registered nurses and graduates of registered nurse training-schools with at least five years' experience since graduation in supervision, administration or instruction in a nurse training-school.

Candidates will not be required to appear at any place for examination but they must execute application form E-10 and file it in the office of the Commission on or before September 4. They must also prepare and file with the Commission on or before September 10 two theses not exceeding 5,000 words in all on two of the following topics:

Group A.

- (1) A model training-school building.
- (2) A model ward and its staff.
- (3) The equipment of a training-school building.
- (4) The training-school kitchen.

Group B.

- (1) The essential of a well-balanced curriculum for a training-school.
- (2) The organization and management of a training-school.
- (3) The improvement of present methods of teaching in training-schools.
- (4) The place of theoretical and of practical training for nurses.

One topic must be chosen from Group A and one topic from Group B. Theses must be an original composition of the applicant and must be typewritten in double space upon paper of legal size either 8x13 or 1/2x14 inches, written on one side of the paper and securely fastened together. They must be signed with the name of the applicant. These theses will be rated for general excellence of composition and for the value of the discussion given. In making up the standing each thesis will be given a weight of 2 and the education, experience and personal qualifications of the applicant will be given a weight of 6.

For application form, address

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